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ABSTRACT

A project involved development of a statewide generalized curriculum framework for continuing education in nursing by using an anticipatory approach to the selection of a coordinated, schematic arrangement of sequential course offerings by university-based centers for continuing education in nursing in Indiana. Following preliminary meetings of the project task force and its subcommittees and a two-day workshop, a project activities plan was formulated. Project activities included developing a statewide philosophy for continuing education in nursing, analyzing regional self-study reports to determine future educational needs, developing a curriculum framework for program development in continuing education for nurses, defining desired exit behaviors of learners in terms of levels of educational attainment, defining broad areas of needed courses, designing a master plan for offering broad content areas by state region, implementing both the master plan and recommended curriculum framework for program development, and preparing an evaluation plan for the total project. (Appendixes, constituting two-thirds of the document, include information pertaining to regional administrative profiles, regional breakdowns of occupational emphases of learners, and population and learner characteristics; communicable deseases and causes of death in Indiana; available state human and clinical resources; and projected future health care needs.) (MN)

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REPORT OF PROJECT ON DEVELOPMENT OF A CURRICULUM FRAMEWORK FOR CONTINUING EDUCATION IN NURSING IN INDIANA

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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May 1981

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We are especially grateful to each of the committee members who contributed to the curriculum framework project. It was through their persistence and creative insights into the nature of the project, the interpretation of its meaning and the collection of data from varied sources that the curriculum framework was established. During the final stages of preparation of the report, they again provided valuable assistance in their validation of the content. Their collective personal, practical experience in using the curriculum framework lends credence to the value and use of such a curriculum framework in continuing education in nursing.

Finally, those members of the curriculum framework project listed below wish it to be known that this report was developed and published as a professional service to others who might find it helpful.

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INTRODUCTION

University-based coordinators of continuing education in nursing in Indiana often had voiced the need for a coordinated statewide curriculum plan. It was not until the 1976 ANA Council on Continuing Education National Conference in Austin, Texas that the need for some type of a curriculum framework became more clearly defined. Those of us who attended Dorothy Hicks' session on "Generalized Continuing Education Curriculum Development in Collegiate Nursing",(1) came away believing that it was not only possible, but indeed incumbent upon us to develop some type of a workable curriculum framework for planning and coordinating university-based continuing education in nursing in Indiana. The statement by Hicks that probably had the greatest impact on us was:

> "We have only begun to relate a continuing nursing education curriculum to a total school position on the nature of nursing and implied or explicit valued nursing behaviors; the nature of teaching/learning as applied to adult students is virtually unknown, and even less understood, by those outside of the field; philosophies of continuing education have been discussed only within the professional lifetime of our youngest colleagues; curriculum organizing principles or conceptual frameworks for continuing education are a well-kept secret; our goals and objectives tend to be global, appearing to give the impression that there is nothing we can't do and nothing we aren't willing to do, even though we may not have a penny from the state budget to do anything; our courses, frequently put together on a shoestring and held together by a handful of committed souls, often appear unrelated to any sequential learning, and evaluation is the amoebic response to a stimulus deftly applied by governmental funding agencies or CEARP approval criteria.(2)

As a result of the three-year Indiana Statewide Plan for Continuing Education in Nursing (ISPCEN) Project, the ten regional centers for continuing education in nursing located in Indiana colleges and universities had achieved a reasonable degree of recognition as viable units or programs within the college/university structure. Therefore, we believed we were ready to pursue the development of a statewide curriculum framework which could be adapted for use by each of us.

We recognized that the task of developing a curriculum plan for a non-specific course of study such as that of continuing education would be quite different from that of developing a traditional undergraduate or graduate curriculum plan. The work of such curriculum experts as Tyler[3], Bloom[4], Taba[5], Torres and Ura[6], and Bevis[7] provided us with the fundamentals of curriculum building. However, in the specific field of continuing education in nursing we found a dearth of applicable published materials. The issue of developing a generalized continuing education in nursing curriculum framework was discussed by Curtis[8], but no specific plan was described. Perhaps the most significant and relevant publication was that edited by LeBreton in 1976[9], which contained a report of the project developed by Hicks and others at the University of Washington School of Nursing relative to curriculum development for continuing education in nursing.

Armed with the desire to improve the quality of continuing education offerings in nursing in Indiana and the interest generated by Dorothy Hicks' presentation at the 1976 National Conference, the ISPCEN Regional Coordinators pledged to pursue the development of a workable curriculum plan. In January, 1977, the ISPCEN Coordinating Council activated the Task Force for the Development of a Generalized Continuing Education in Nursing Curriculum Framework for University Based School of Nursing Continuing Education Programs. Task Force participants served on a volunteer basis, without the benefit of additional funding or reimbursement for travel and expenses. The project was discussed at the Regional Centers, which resulted in the addition of a number of interested persons who volunteered their services and made immeasurable contributions to selected areas of the project. In October, 1977, the ISNA Council on Continuing Education was established; one of the council's goals for the biennium was to sponsor this curriculum project, (unfunded).

GENERAL PURPOSE OF THE PROJECT

The purpose of the Curriculum Framework project was to develop a statewide generalized curriculum framework for continuing education in nursing by using an anticipatory approach to the selection of a coordinated, schematic arrangement of sequential course offerings by university-based centers for continuing education in nursing in Indiana.

The development of the curriculum framework and its subsequent implementation was intended for use by the following ISPCEN Regional Centers in Indiana:

Region I:	Indiana University, Northwest (Gary)
Region II:	Goshen College (Goshen)
Region III:	Purdue University, Fort Wayne (Inactive)
Region IV:	Purdue University, Lafayette
Region V:	Indiana University, Kokomo
Region VI & IX:	Ball State University (Muncie)
Region VII & X:	Indiana State University (Terre Haute)
Region VIII:	Indiana University, Indianapolis
Region XI & XII:	Columbus Campus, IUPUI
Region XIII	University of Evansville (Evansville)
Region XIV	Indiana University Southeast (New Albany) (Inactive)

In addition, other institutions, agencies or organizations primarily involved in continuing education/staff development activities could seek assistance from these regional centers or from the ISNA Council on Continuing Education in adapting the framework for their use.

The ISPCEN Coordinating Council envisioned the project as being utilized in the following ways:

1. Serving as a statewide blueprint for providers of continuing education offerings in nursing.
2. Providing a measure of quality control for continuing education offerings.
3. Providing a built-in accountability factor.

4. Assisting continuing education providers in meeting external standards.

5. Serving participants having various levels of educational backgrounds and needs.

6. Providing a system of desired levels of attainment by the learner.

7. Providing for sequencing of courses.

8. Providing maximum utilization of existing resources in various schools and agencies in the regions of the state.

9. Providing coordinated planning and preventing duplication of effort.

10. Providing a model for others in similar continuing education programs to replicate or modify.

11. Serving as a guide for individual learners in planning their professional growth in a sequential pattern.

12. Providing a data-base for use in interpreting continuing education curriculum patterns to the institutional power base as necessary.

13. Providing guidance for articulating continuing education programs with academic programs.

14. Assisting with interpretation of continuing education in nursing to the legislators and to the Commission for Higher Education.

15. Sharing the product with other appropriate providers.

16. Assisting in validating quality of content when seeking academic credit for a continuing education offering.

17. Providing a means of evaluation and research of elements of continuing education in nursing programs.

GENERAL FORMAT OF PROJECT

During the organizational meeting, the Task Force prepared a format for developing the curriculum framework and established the following sub-committees:

1. Sub-committee on Philosophy

2. Sub-committee on Defining Levels of Behavior

3. Sub-committee on Examining Factors for Defining Course Content via an Anticipatory Approach

4. Sub-committee on Glossary of Terms

5. Sub-committee on Protocol for Collecting Data to Develop a Conceptual Framework

Early on, the Task Force recognized the need for consultation by an expert in the field. Therefore, a Workshop for the Task Force, conducted by Dorothy Hicks, Associate Professor and Chairperson, Continuing Education Program, College of Nursing, Arizona State University, was conducted in September, 1977. The purposes of the workshop were:

1. To identify strengths, weaknesses and gaps in the various elements of the generalized continuing education in nursing curriculum framework developed by the Task Force.

2. To utilize the curriculum development process in creating a generalized curriculum framework for continuing education in nursing.

3. To interpret the elements of a conceptual framework for the generalized curriculum plan for continuing education in nursing.

4. To determine new directions to be taken in developing the generalized curriculum framework.

This two-day workshop served to positively reinforce the direction taken by the Task Force in the development of four levels of desired learner exit behaviors; and to assist the Task Force with the steps to be taken in developing the curriculum framework.

As a result of the workshop, and the subsequent activities and findings of the various Task Force sub-committees, a more workable and realistic pattern of developing the curriculum framework evolved. The following format was then used to develop the curriculum framework.

FORMAT FOR DEVELOPMENT OF THE CURRICULUM FRAMEWORK

1. Develop a statewide philosophy for continuing education in nursing that can be used as a basis for designing a continuing education program at the regional centers.

2. Analyze regional self study reports to determine who should be educated; at what levels; in what fields; for what purposes; and in what ways.

3. Develop a curriculum framework for program development in continuing education in nursing.

4. Define a hierarchical taxonomy of desired exit behaviors for learners in terms of four levels of expected attainment.

5. Prepare narrative descriptions for each behavioral level.

6. Prepare a four-level taxonomy of behaviors, and examples of verbs and objects.

7. Define broad areas of needed courses using an anticipatory approach.

8. Design a master plan for offering broad content areas by the Regions best equipped to do so for suggested types and levels of potential learners.

9. Implement the master plan in the Regional Centers in accord with their capabilities, using a sequential approach to program development.

10. Implement the recommended curriculum framework for program development by regions and/or by groups of regions.

11. Prepare and implement an evaluation plan for the total project.

12. Develop a sophisticated conceptual framework and revised curriculum plan based upon the evaluation results.

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DEVELOPMENT OF A PHILOSOPHY OF CONTINUING EDUCATION

At the first meeting of the Curriculum Task Force a subcommittee was designated to develop a philosophy. It was suggested this subcommittee should study who should be educated, in what fields, for what purposes and in what ways, including a rationale for each area. The subcommittee was given the charge of developing a philosophy that included the components of the Indiana Statewide Program for Continuing Education in Nursing and the specific philosophies that interface with the broad ISPCEN philosophy, such as the regional centers and the remaining components of ISPCEN.

The subcommittee identified three major elements to be considered including the beliefs about continuing education for nurses, beliefs about general items, and beliefs about continuing education. From this broad outline the subcommittee developed a set of ideas focusing on constraints, the nature of learners, the nature of teachers, the consumer and health care delivery, nursing, and the nature of man and society relative to nursing. From the process of focusing on ideas the subcommittee began the drafting of the narrative of the philosophy. Additional components were included addressing adult learners, teaching-learning and nursing related to continuing education.

The draft of the philosophy was submitted to a Review Panel for review and comments. It was agreed that the philosophy should remain broad so that it could be more applicable to most continuing education programs in nursing. A working draft of the philosophy was approved and was then included in the materials sent to the regions for use in their own self study.

The self study format included the request that each region compare the working draft of the philosophy with the philosophy of its institution and its continuing education philosophy. Each region was requested to respond to three questions about the philosophies:

Are they consistent?

Are there gaps?

Are there conflicts or inconsistencies?

Responses from nine of the regional centers revealed that all but two of these centers had a separate continuing education in nursing philosophy. Seven centers indicated the philosophy of their continuing education in nursing program was consistent with their own school's philosophy. All nine centers indicated the philosophy of their school/program was consistent with the ISPCEN philosophy with a few exceptions related to the American Nurses' Association standards and research.

Since the Task Force was established prior to the change in organizational arrangements for ISPCEN (the move to the Indiana State Nurses' Association) the final approval of the philosophy was delayed until the appropriate organizational mechanism was in place to secure this approval. The following Philosophy for Curriculum Development in Continuing Education was approved by the Indiana State Nurses' Association's Council on Continuing Education on February 9, 1979:

PHILOSOPHY FOR CURRICULUM DEVELOPMENT
IN CONTINUING EDUCATION IN NURSING

The Council on Continuing Education of the Indiana State Nurses' Association accepts as one of its responsibilities the promotion of quality professional continuing education for registered nurses; thus, we ascribe to the American Nurses' Association's and Indiana State Nurses' Association's standards for the approval of continuing education programs and offerings for nursing. Curriculum Development in Continuing Education in Nursing is based upon the following philosophical beliefs:

> Humans are a wholistic beings with individual worth and capacity for change. Individuals utilize and actualize internal and external resources to select life options within the constraints of an evolutionary environment. Individuals grow and develop through interaction in multiple social units which influence value systems and coping behaviors. An individual's ability to learn is demonstrated by the use of unique, creative and adaptive processes in response to stress.

Increased consumer awareness of health care options facilitates responsible use of those options and promotes the right to pursue quality health care. Health team members must be accountable for health care delivery which provides accessible and effective alternatives for care, protects the consumer's right to quality care and is adaptable to the changing health needs of society. Effective health care delivery encompasses a respect for the dignity of individuals, their value systems and their right to be included in decision making regarding their health care.

Nursing is a service involving a collaborative relationship among nurses, client/patients and other members of the health care team for the purposes of health maintenance, restoration and reorganization through the use of the nursing process. The goal of nursing is to assist individuals to achieve cooperatively determined health goals and to reach a level of adaptation consistent with their unique health-illness state. Nursing practice is derived from a knowledge of the principles of biological, physical and behavioral sciences and through the use of research findings. This practice is characterized by dependent, independent, and interdependent nursing actions leading to quality health care.

The concept of professional continuing education in nursing originates in an intial nursing program in which nurses begin to establish a commitment to lifelong learning. Professional continuing education in nursing consists of a variety of planned learning experiences beyond the basic nursing educational program which are designed to enhance nursing practice by expanding the nurse's knowledge, skills and attitudes. The planned learning experiences are built upon adult education principles; are distinct from education toward an academic degree; are of short duration; are specific to the learner's needs; and are immediately applicable to the learner's goals.

Professional continuing education in nursing is an integral part of the change process. It has a responsibility to the developing practice of nursing to provide information about forces for change, approaches for responding to change and skills necessary to initiate change. To effect a positive influence on changing health care practice, research in nursing should be a vital component of professional continuing education in nursing.

Development of Levels of Participant Exit Behaviors

Little thought had been given to the development of continuing education offerings in sequential levels designed to expand the content in scope and depth. Such an arrangement of educational offerings would provide the opportunity for learners to participate in sequential learning experiences in a given area of nursing which would result in continuity and integration of content over a protracted time span. In addition, designing behavioral

objectives according to levels of attainment would assist planners in developing continuing education in nursing activities which are more appropriate for the identified potential learners.

Three Regional Coordinators and several interested volunteers formed a sub-committee to develop a taxonomy of behavioral objectives expressed as desired exit behaviors for four progressive, sequential levels of achievement by registered nurse participants in continuing education offerings.

The sub-committee developed the following: 1) a taxonomy of expected exit behaviors for the cognitive, affective and psychomotor domains classified into four hierarchical levels of achievement ranging from the simple to the complex and from the concrete to the abstract; 2) a narrative description of the desired exit behaviors for each of the four levels in the cognitive, affective, and psychomotor domains; and 3) a suggested listing of verbs and objects for the taxonomy of exit behaviors described for each domain at each level.

The four-level hierarchical taxonomy of desired participant exit behaviors was built upon the following basic assumptions:

1. That the taxonomies prepared by previously acknowledged educators could be modified as necessary to apply to the adult learner in continuing education in nursing.

2. That the acknowledged taxonomy for the affective domain could be interpreted in accord with current concepts related to values clarification.

3. That a taxonomy for the psychomotor domain could be constructed related to the baseline psychomotor skills of the adult learner in continuing education in nursing.

4. That an appropriate composite of behaviors from the cognitive, affective, and psychomotor domains could be utilized in defining behavioral objectives for continuing education in nursing offerings, recognizing that in some offerings the use of all three domains may not be appropriate.

5. That behavioral objectives for continuing education offerings could be structured in relation to a four-level hierarchical taxonomy of desired participant exit behaviors, and

6. That each of the four levels of the hierarchical taxonomy of desired participant exit behaviors should be untitled to avoid placing inordinate or preconceived values on each of the levels.

The taxonomy is structured to describe desired behaviors according to a four-level hierarchical ranking ranging from a simple to a complex level of achievement for each domain--cognitive, affective and psychomotor. This approach is based on the notion that simple behaviors may become integrated with other equally simple behaviors to form more complex behaviors.

The taxonomy refers to the intended behavioral outcomes of learners as a result of participation in a given continuing education offering. The actual behaviors of learners after completion of an educational activity may differ in degree and kind from the intended behaviors specified by the offering objectives.

The taxonomy was designed to serve as a guide for the following purposes: 1) to develop meaningful behavioral objectives for various levels of continuing education in nursing offerings; 2) to assist adult learners in determining the degree to which continuing education offerings meet their level of learning needs; and 3) to assist adult learners in selecting continuing education offerings that will contribute to their individual plan for meeting their professional goals.

In summary, the four-level hierarchical taxonomy of behaviors offers the following advantages:

1. Providers can design educational offerings for selected target audiences, based on a predictable, expected level of achievement.

2. Providers can develop a series of educational offerings dealing with related subject matter, each of which builds upon previous levels of achievement, by selecting appropriate behavioral terms from each of the four levels of the taxonomy.

3. Providers can state behavioral objectives which reflect precise performance criteria, thus facilitating identification of the content, and selection of teaching strategies, resources and evaluation measures.

4. Providers can eliminate duplication of basic information in planning related offerings through the use of a sequential pattern of planning, rather than a repetitious pattern.

5. Participants will be able to determine whether an offering will meet their learning needs based upon the stated behavioral objectives.

6. Participants have a better understanding of what will be expected of them as learners in a given educational offering.

During the September, 1977 workshop Dorothy Hicks suggested that the magnitude of developing a statewide curriculum plan necessitated a region-by-region study by the regional coordinators in each of the ISPCEN Regions to identify the following elements:

1. The educational setting
2. The major geographic area to be served
3. The nature of the potential learners
4. The major thrust of programming--subject matter, approach, and probable levels to be taught
5. Local available physical and human resources
6. The general cultural settings within which one must work
7. The major health problems
8. That which is unique to a region and can be done as well or better than other regions

A sub-committee then developed a Self Study Guide which was to be completed for each Regional Center. The Self Study Guide consisted of five major sections: 1) Administration, 2) Program Planning, 3) Setting, 4) Nature of the Learner, and 5) Narrative Summary.

In the Administrative section information was compiled on the organizational structure and communication lines of each center. Their budget sources, cost determinants, and control of finances were identified.

The Program Planning section compared statewide and regional centers' philosophy and objectives. The program approaches were requested to determine mix of academic and non-academic credit. The setting of program planning was explored at length. The geographic areas served by each regional center and the demographic and health statistics were compiled. Power and pressure groups within a target community were identified to see influences which affect continuing education programming. A major part of the Program Planning

section included identifying the Human and Physical Resources within each Region. The resources were identified initially by availability in areas of clinical nursing, nursing administration, nursing education, concepts basic to nursing, social issues, and personal beliefs and values.

The Nature of the Learner section identified areas of practice and educational background of regional participants. The Narrative Summary included inferences and predictions a center visualized regarding the development of a curriculum plan for continuing education programs.

The Self-Study Reports resulted in a plethora of data. However, interpretation of terminology by the ISPCEN Regional Coordinators varied to the extent that it was necessary to elicit additional information in order to improve the reliability of the data gathered from region to region. Also, it should be noted that at the time of the data collection, Regions III and XIV were unable to contribute to the study. However, an effort will be made to seek this information on an individual basis as soon as it is feasible to do so.

Data collected from the Regional Self-Study Reports was assembled, tabulated, and rearranged in a meaningful format for purposes of comparing and contrasting the regional characteristics and capabilities. These data were then analyzed for inferences and recommendations.

Analysis of Data from Self-Study Reports

Each of the regions in the ISPCEN Organization was surveyed to determine the regional administrative profiles as well as the fit of regional philosophies and goals with those of the Indiana Statewide Plan for Continuing Education in Nursing. Eleven (11) regions completed the survey. Charts I (Appendix A) and II (Appendix B) reflect the results of the data gathered from the eleven (11) regions that completed the survey. Chart I indicates that, in general, those Regional Centers completing the Self-Study were well organized and/or were

moving in positive directions to safeguard the need for administrative support in an effort to provide quality continuing education courses for nurses in their respective regions.

Each regional center was requested to analyze the philosophy for continuing education and/or the school's philosophy to determine the elements of the ISPCEN philosophy which were reflected in those philosophies (Chart II).

The majority of the regions indicated their philosophies contained statements related to the provision of quality continuing education not only for RN's but for all nurses (including the licensed practical nurse). This would seem to indicate that the majority of regions are not limiting their beliefs about providing quality continuing education to the registered nurse group but are also involved in working with licensed practical nurses.

The regions were less definite about the philosophy reflecting the American Nurses' Association/ISPCEN standards with the majority expressing the belief that these were implied in the philosophy. One region indicated these were not included in the philosophy.

The majority of regions felt the philosophy reflected beliefs about the worth of humans; the promotion of quality health care; the interdisciplinary approach to the delivery of health care; the concept of health maintenance, restrictive and rehabilitative care using the nursing process; and nursing based on physical, psychological and research findings. The region that did not answer "yes" or "implied" was one which did not have a separate continuing education in nursing philosophy. This consistency with the ISPCEN philosophy would seem to indicate that the regional centers share similar beliefs about humans as wholistic beings, the approaches to health care delivery and nursing and the delivery of nursing services.

The regions also are consistent in their beliefs about continuing education and its application to nursing. The concept of life-long learning and

the use of adult education principles in continuing education are shared by all regions. The regions reflect the ISPCEN philosophy in believing that continuing education is a means whereby changes can be achieved in nursing practice.

The belief about research as a component of continuing education is the least consistent belief. Some regions did not respond to this statement which leads to the assumption of this not being included.

Based on the responses of the regional centers, the philosophies of the regions reflect similar beliefs and are consistent with the ISPCEN philosophy.

No attempt has been made to prescribe a plan of action for strengthening the administrative aspects of the university-based continuing education programs at the ISPCEN Regional Centers. Charts I and II indicate each regional center's strengths and weaknesses, therefore, each regional center can use this information as a point of reference for devising its own means of improving areas of weaknesses and of continuing to strengthen current attributes.

All of the recommendations which follow are made for the purpose of assisting the ISPCEN Regional Centers in identifying strengths and weakness and in the implementation of the proposed curriculum framework. Each regional center will need to select those recommendations which could be instrumental in facilitating the change needed to meet regional goals within a coordinated statewide framework.

RECOMMENDATIONS:

I. PHILOSOPHY AND OBJECTIVES

a) Endorse and support the ISPCEN/ISNA philosophy as a basis for the curriculum framework for program development.

b) Develop and/or maintain a regional center philosophy of continuing education in nursing and program objectives in harmony with the ISPCEN/ISNA philosophy and with the philosophy and objectives of the parent institution.

II. ORGANIZATIONAL STRUCTURE

a) Strive to keep the university-based continuing education program in nursing in a position which allows for participation in the legislative functions of the school on an equal plane with other programs in the school.

b) Strive for a position in the organizational structure which places the continuing education in nursing department or program on an equal plane with that of other programs in the school in all organizations/ administrative matters.

c) Strengthen the concept that continuing education in nursing programs are best administered by qualified nurses.

d) Promote faculty involvement in continuing education in nursing activities through formalized organizational mechanisms.

III. FINANCIAL ARRANGEMENTS

a) Determine ways of financing continuing education in nursing which allow for control of budgeting and expenditure of funds by those nurses directly in charge of the continuing education in nursing departments/programs.

b) Interpret the need for the maintenance and expansion of existing university-supported continuing education in nursing faculty and support staff to university administrative personnel.

c) Determine ways of establishing a continuing education fund or foundation designated for the continuing education in nursing program.

d) Search for additional funding based upon identified regional needs.

e) Plan and implement innovative promotional techniques for offering continuing education in nursing courses to meet the needs of participants in the most cost effective manner possible.

IV. POWER AND PRESSURE GROUPS

a) Involve members of power and pressure groups on the Advisory Committee to the continuing education in nursing program for each ISPCEN regional center.

b) Interpret the mission of continuing education in nursing to power and pressure groups.

c) Become active members in strategic pressure groups.

d) Co-sponsor continuing education offerings when appropriate and in accord with ANA guidelines.

e) Negotiate contractual arrangements for providing continuing education in nursing for other agencies to eliminate duplication of effort.

f) Interpret the value of ANA/ISNA approval of continuing education in nursing offerings.

g) Facilitate closer coordination among continuing education providers to maximize regional strengths and minimize duplication within and among regions.

h) Utilize the Curriculum Framework data identifying the anticipated continuing education in nursing needs of nurses as a basis for program development by the university-based regional centers.

i) Instigate "seed effect" by offering courses that other agencies may simulate in their own institutions allowing more time for regional centers to develop a wider range of needed offerings.

j) Use the Levels of Exit Behaviors to build sequential courses, as well as to upgrade course planning based upon the indicated desired exit behaviors for the various levels.

Chart III (Appendix C) reflects the results of a survey to determine the purposes, approaches, and sequencing patterns of continuing education in nursing offerings by region in Indiana. Ten (10) regions completed the survey.

Purposes

Purposes were defined as primary, or secondary, based on emphasis in relation to the types of courses offered. Courses may be offered to:

1. Update: bridge retention gap
2. Upgrade: new knowledge, new roles in the same area of practice
3. Update: for non-practicing nurses as a basis for return to practice
4. Update/Upgrade: preparation for movement to a new area in a traditional or unchanged role.
5. Upgrade: preparation for movement into a new or emerging role.

Approaches

These data on Chart III indicate the methods of recognizing and documenting course completion. This may be done through academic credit, non-credit, CEU credit, and certification.

Sequencing

Courses may be offered in a series of classes related to a given knowledge or practice area. Sequencing occurs when multiple levels of course offerings are presented to build on the previous knowledge base toward increasingly higher levels of knowledge and practice. Repeat courses provide multiple opportunities to gain selected knowledge and practice skills to facilitate larger numbers and turnover populations. One time only courses are designed to meet a specific identified need for a specific population. Long term courses are those which run over a prolonged period of time. Non-traditional approaches may be used consistent with the unique needs of the population served and sound educational principles.

Recommendations

1. Survey the regional nurse population at regular intervals to determine needs as a basis for evaluation and modification of purposes, approaches, and sequencing patterns.
2. Coordinate survey data between and among regions to maximize regional strengths and minimize duplication.
3. Indicate additional innovative, non-traditional approaches to better meet the unique continuing education in nursing needs of specific populations.
4. Develop more sequential courses to enhance the growth of nurses.
5. Initiate regional and statewide coordination and cooperation in the development of sequential courses.
6. Evaluate the cost/benefit ratio of multiple, one time only offerings.

Charts IV and IV A (Appendix D) summarize the learner characteristics elicited from nine (9) regions. Chart IV indicates the geographic location of learners served, the level of offerings available to the learner in the home region, and the estimated percentages of learner types by education.

These data reveal that the majority of the learners are practicing R.N.s though a significant number of inactive nurses exists in at least four (4) of the nine (9) regions surveyed. It is interesting to note that some regions

predict that the percentage of practicing nurses will decrease and inactive nurses increase by 1985. All regions but one (1) find the greatest percentage of nurses to be diploma prepared, but eight (8) of the nine (9) regions also predict a significant decrease in the percentage of diploma prepared nurses over time. Associate degree and baccalaureate prepared nurses vary by region. Most regions anticipate a marked increase in the number of associate degree nurses and a less marked, but significant increase in baccalaureate prepared nurses. Nurses at the masters level or above represent a very small percentage of the nurses served and change in this group is expected to be upward at a slow rate. The percentage represented by LPN's varies widely by region as do predictions for change in this group.

Chart IV A indicates the occupational emphases of the learners by region according to position and employing agency. It is not surprising to note a preponderance of staff level positions in structured settings as the primary target of several regions in a rural/urban state such as Indiana. The target audiences and agencies are consistent with population trends, agency locations, and scope of health care delivered by typical rural/urban expectancies for population location, density, and profile as well as related resources.

The self-study survey of learner characteristics included a review of learner sources of financial support for continuing education in nursing activities. The survey elicited data from each of the regional centers regarding sources of learner support when attending continuing education offerings either on the learner's personal time or on the learner's work time.

Each of the above categories was examined in terms of learner self support, partial agency support, and total agency support for attending continuing education offerings. No attempt was made to categorize the types of expenses paid by the learner or agency such as registration fees, travel, lodging, or salary while away from the work setting. The self-study reports from nine

of the regional centers revealed no consistent pattern of source of support, except that of Regional Center VI. Regional Center VI, which also serves Region IX, exhibited the most consistent pattern, indicating that nurses most frequently attend continuing education offerings on a self-supporting basis; their second most frequent source of support for attending continuing education offerings was that of total support by the employing agency.

In general, responses from the regional centers indicated the existence of wide variations of financial support for attendance at continuing education offerings in accord with the policies of each employing agency and in accord with the current economic profile of a given employing agency. Two regional centers indicated that employing agencies provided financial support for learners attending continuing education offerings according to the annual budgeted amount of funds designated for such use. Another regional center indicated that the amount of support provided a given learner for attending continuing education offerings was dependent upon a policy describing the number of days of full support provided for each learner on an annual basis.

Another study conducted in June, 1978 tended to reveal similar data.[1] This study was conducted on a statewide basis, using a ten per cent random sample of registered nurses licensed to practice and residing in Indiana. Analysis of 1,432 returns revealed the following:

(1) The employer tended to pay the registration fee for the continuing education activity more often than did the individual nurse.

(2) The individual nurse paid for transportation more often than did the employer.

(3) The individual nurse paid the cost of food and lodging more often than the employer.

(4) The individual nurse assumed the cost of continuing education materials more than the employer.

[1]Puetz, B. E., "Differences Between Indiana Registered Nurse Attenders and Non-Attenders in Continuing Education in Nursing Activities," June, 1978, (Unpublished Manuscript).

(5) Slightly more participants attended continuing education offerings entirely on their own time than those attending entirely on their employers' time.

(6) Sixty-one respondents indicated that there were additional costs which were usually paid by them, such as babysitter costs.

Recommendations

1. Plan educational offerings that have relevance for the target learner and the learner's employing agency.

2. Provide cost effective, quality continuing education in nursing offerings involving the use of learner-centered teaching strategies as well as the use of knowledgeable, up-to-date, and dynamic teaching staff members, with particular emphasis on effective use of adult education principles.

3. Provide educational offerings based upon the anticipated level of exit behaviors for the target audience, as opposed to planning educational offerings to meet the needs expressed by learner responses to mass needs surveys.

4. Monitor the changing profile of learners by educational preparation and plan programs to meet changing learner needs.

5. Provide those programs for nurses which foster growth and continuation in practice or facilitate a return to practice. Survey those areas in which an increased rate of inactive nurses is anticipated as a basis for identifying the nature of the problem and implementing educationally sound treatments to alter that trend.

6. Monitor changing health care delivery systems by region and statewide as a basis for long range planning to meet related learner needs.

7. Plan sequential educational offerings in terms of conservation of the time and cost factors involved on the part of the learner and the employing agency.

8. Schedule planned educational offerings using new and innovative patterns designed to provide the greatest opportunities for learner attendance, using the most economical format available.

Data were obtained for each of the fourteen regions in Indiana regarding the population characteristics of that Region. These data were compiled through the use of the Indiana Information Retrieval System (INDIRS) Division of Research, School of Business, Indiana University. Chart V (Appendix E) provides demographic information on the population that is served in that region based upon 1970 census figures and projections for 1985.

Chart V A (Appendix F) shows the eleven (11) leading causes of death in Indiana in 1976 by region. Chart V B (Appendix G) rank orders the leading communicable diseases reported in 1975 by region. Indiana is characterized by wide variations in population density with 37% of the total population residing in ISPCEN Regions I and VIII. Approximately 78% of the state's population is located in the central and northern sections of the state (Regions I thru VIII). The southern section of Indiana has approximately 22% of the remaining population.

Recommendations

1. Monitor population characteristic shifts in own region with respect to total population, age, sex, race and employment field.
2. Monitor research findings, advances in treatment modalities, new technologies, and changing life expectancies which will result in a corresponding growth in the demand for response to chronic illness and geriatric services.
3. Monitor trends in shifts in life styles, family structure and living conditions as they relate to mental health problems of the consumer and the provider.
4. Monitor national trends and the impact upon health care delivery, such as H.M.O., National Health Insurance, Home Health Care.
5. Monitor the changes in technology and health care delivery system with special regard to numbers of nurses and the possible role shift or change in nursing practice.

In relation to the above recommendations, it may be well to consider the moral and ethical issues resulting from increased life expectancies, increased knowledge and technology.

The self-study survey requested that the regional centers identify their available physical and human resources relative to suggested categories of subject matter to be utilized in curriculum planning on a statewide basis for continuing education in nursing in Indiana. (Chart VI in Appendix H)

Physical Resources

Results of the self-study survey indicated that each of the nine regional centers responding was capable of providing classroom facilities

for an average minimum of ten learners to an average maximum of 100 learners. Many regional centers indicated that they were capable of providing the needed classroom space within their university setting, while others indicated that they were able to provide the necessary classroom space at off-campus sites contiguous with the regional centers.

Clinical Facilities Resources

The current (1978) pattern of providing continuing education offerings by the regional centers uses a minimum of clinical facilities because most offerings are of 1-2 days duration, with a concentration on theory presentation without clinically based concurrent application opportunities. A few regional centers currently provide two or three continuing education offerings a year involving a clinical experience component. Therefore, the self-study survey results indicated both the availability of clinical experiences for the current timeframe (1978) and the projected timeframe. Projections made by the nine regional centers regarding the availability of clinical experiences are characterized by the following general pattern:

1. Clinical experiences for continuing education in nursing are negotiable on a course-to-course basis with the health agencies in each of the regional centers.

2. In most instances, nursing care experiences in local health agencies are limited to a range of 2-12 learners, depending upon the experiences required and the ability of the agencies to share their facilities with the continuing education learners and all other local nursing students.

3. Most regional centers have access to the use of several clinical units at a time in a given agency, each capable of accomodating 3-10 learners at one time. However, some health agencies are reluctant to provide clinical experiences for continuing education learners without assured availability of appropriate faculty to supervise the clinical learning experiences.

4. Clinical facilities are more readily available for continuing education learners at the irregular hours of evenings, nights, week-ends, holidays, and peak vacation periods.

5. Clinical experiences involving observation and/or demonstrations are more readily available than nursing care experiences.

6. Each of the regional centers has access to clinical facilities in a number of health agencies in the region.

7. Each of the regional center coordinators indicated that she/he is in a position to negotiate with health agencies in the region to obtain the desired clinical experiences until such time as the demand for placement of large numbers of learners at a given time becomes a reality.

8. In many of the regional centers, continuing education learners have access to simulated learning laboratory facilities.

Each regional center possesses capabilities for providing clinical experiences unique to its particular setting. Reference to Chart VI reveals the specific types of clinical resources available for use in each of the nine regional centers, in accord with the above specifications, and in terms of primary and secondary availability.

Availability of clinical facilities for continuing education in nursing appears to be limited by the following factors:

1. The ratio of patient population to the number of all categories of learners requiring clinical experiences in a given agency and/or clinical area at a given time.

2. The extent to which continuing education in nursing learners require direct clinical supervision.

3. The extent to which the continuing education program can provide the needed clinical supervision for its learners.

Recommendations

1. Devise alternatives to clinical experiences such as: use of patient surrogates; recruitment of children and adults in the community for use in practice of physical assessment skills; simulation of clinical situations; use of clinical case histories, teaching rounds, role playing, audio-visual packages, etc.

2. Provide own teaching personnel to supervise and evaluate the learners' clinical experiences.

3. Minimize the need for direct clinical supervision of continuing education learners via appropriate application of adult education principles to the learning situation, and agency negotiation focusing on the educational and practice base the learner brings to the experience desired.

4. Develop rotation plans for continuing education learners in an effort to reduce the number of learners needing a specific clinical experience at a given time.

5. Use clinical laboratory approaches in place of skill demonstrations and clinical practice, i.e. use of comparable laboratory animals rather than human subjects to practice a skill when appropriate.

6. Eliminate tours or observations of clinical facilities unless a practical application of the tour can be identified as an essential objective of the offering.

7. Seek those clinical facilities in local agencies not usually utilized by other students, recognizing that course objectives can be met in a variety of ways and clinical settings.

8. Survey learners regarding best times for learning. Adult learners with jobs and families often find an atypical schedule more consistent with their needs. This would open more facilities to meet continuing education in nursing learner needs.

Media Resources

The self-study survey also requested information regarding the availability and accessibility of mediated materials and equipment for use in continuing education in nursing. The following information was requested from each of the nine regional centers:

1. Availability and accessibility of hardware and software for:

   a) Independent study by continuing education in nursing participants offerings
   b) Classroom use for continuing education in nursing offerings

2. Availability and accessibility of learning laboratories equipped with hardware and software.

3. Availability of learning packets/packaged programs for distribution to groups or individuals for independent study.

A detailed analysis of the information submitted by the nine regional centers revealed that there was a wide range of types of software and hardware available in each region, but a consistent lack of or barrier to access to the materials for continuing education participants and coordinators. The following statements reflect the summarized data applicable to all of the regional centers unless otherwise indicated:

1. In each of the nine regional centers, hardware is available at the university-based center and/or in adjacent health agencies.

2. Collectively, the regional centers have access to a wide range of software, both in terms of format and subject matter for supplemental use in presenting continuing education offerings in nursing; however the amount,

kind, format and availability of the software varies greatly among the regional centers.

3. Most of the regional centers have access to the use of software and hardware on their own premises if arrangements for their use are pre-scheduled.

4. All of the regional centers have access to a wide variety of a/v/ equipment for classroom use if arrangements for their use are pre-scheduled.

5. There are no regional center continuing education programs for nursing that have their own learning laboratories.

6. In the majority of the nine regional centers, the regional coordinators or their representatives must negotiate with the controlling institution for use of learning laboratory facilities each time they are needed.

7. In the majority of the regional centers, there exists a situation of conditional access for use by continuing education program participants, whereby the academic students or agency personnel are given first priority. Continuing education participants may use the facilities under the following conditions:

   a) Anytime the facilities are open and the needed software/hardware is not being used by other students or personnel;
   b) Evenings, weekends, vacation periods, or days on which no classes are in session;

8. Opportunities for continuing education in nursing participants to negotiate a loan or rental system for signing out software for home-study is rare. Three of the regional centers indicated such a plan might be negotiated on an individual participant basis.

9. Four of the regional centers are beginning to make progress either toward developing their own independent study programs for continuing education in nursing, or toward gaining ready access to independent study programs developed for use by other nursing students.

Recommendations

1. Develop the statewide sequential curriculum plan for continuing education in nursing with an awareness of the current problems in gaining access to mediated materials.

2. Negotiate for increased access to media materials in long range planning.

3. Interpret the need to recognize continuing education in nursing learners as a part of the nursing student population having as urgent a need for access to learning aids to meet learner objectives in order to better serve the health care needs of the population.

4. Include in long range planning the continuing education in nursing need to develop and share independent learning program with inclusion of:

   a) materials for independent study as prerequisite knowledge for entry into an offering.

b) comprehensive, sequential courses packaged for statewide distribution either to groups or individuals.
c) ephemeral update materials needed for non-practicing nurses, nurses wishing to return to practice, or nurses preparing for a change in role or position.
d) consideration of the cost of production and additional personnel.

5. Adopt a course plan that will facilitate implementation of the ANA Guidelines for independent study programs.

Variables Relating to Anticipatory Curriculum Planning

The fact that change is a way of life mandates that those persons responsible for educational programming be involved in anticipating and planning for change. Effectiveness in this activity requires attention of a futuristic nature. There is a special urgency for such activity among educators involved in continuing education in nursing. Failure to plan with an eye to the future will result in maintaining the status quo and a great deal of activity we classify as "putting out brush fires."

The sub-committee on variables relating to anticipatory curriculum planning for continuing education in nursing considered the societal forces expected to impact continuing education needs during the decade of the 80's. We considered trend projections to 1990 including technological, economic, legislative, health maintenance, environmental, social and political trends. The potential general impact on society and specific impact on health care of these trends was then identified. (Appendix I)

We then projected educational offerings needed to assist nurses to function appropriately considering the impact of these trends. The suggested continuing education offerings which would be needed by nurses practicing in the health care delivery system of the future were arrayed in a check list form (Appendix J) and distributed to the ISPCEN Regional Coordinators. In cooperation with their ISPCEN Regional Committees the coordinators identified their capabilities to offer the continuing education in nursing activities identified to be necessary in the future years of 1980, 1985, 1990.

Some regional coordinators based their projections on the capabilities of the regional center alone. Because of these inconsistencies in the data collection process, quantification of the data collected was deemed an inappropriate manner for reporting out the information obtained. In addition, doing frequency counts on that amount of data was a formidable, if not impossible, task.

Accordingly, an ad hoc committee was formed to organize the data contained in the regional reports on anticipatory continuing education in nursing programming and to make recommendations to the Curriculum Framework Task Force on the content and format of this information for the final report. Ten individuals volunteered for the task.

A data analysis methodology adapted from Glaser and Strauss' strategies for qualitive research was used to accomplish the task.[2] The methodology used was "comparative analysis" of the accumulated data. The members present were paired off. Each of the pairs reviewed each regional report, except their own. Each individual in the pair was asked to attempt to elicit "patterns" in the data presented. Some possible "patterns" identified included: those in the distribution of offerings by years, such as a heavy emphasis in current years, or the reverse, a heavy emphasis in 1990, an emphasis on certain categories of offerings, such as those dealing with social, environmental or technological subject matter, an emphasis on clinical types of offerings, or an emphasis on offerings for certain age groups. Once each individual had elicited "patterns", the pair was to share their analysis of the data and come to a common understanding of the "patterns" present in the data.

The total group was convened after the pairs had completed their work to attempt to put the patterns generated for the regions together to reflect

[2]Glaser, B. and Strauss, A., The Discovery of Grounded Theory . Aldine Publishing Company, Chicago, Illinois, 1967, 262 pp.

a statewide view of anticipatory continuing education in nursing programming. Each pair was instructed in the interest of time, to allow no more than 10 to 15 minutes per regional report.

Upon recovening, several of the "patterns" which had been elicited by pairs were reported to the entire group by region. The reporting indicated that this method of data analysis had been successful, in that patterns in the regions were easily identified by individuals and again by pairs.

Each regional report reflected the geographic area in which the regional center was located. In general, the major emphasis in most of the regions was on clinical offerings in both current and future programming. Very few level IV offerings were indicated as being possible in the different regions; there was a moderate number of level III offerings, and a large number of levels I and II offerings projected for all regions. Most regions demonstrated a progression in levels from current programming to 1990 with more level II and III offerings in 1990. Most regions indicated good resources were available for level I and II offerings in clinical content areas. The emphasis on various age groups varied with the reporting region; some regions emphasized educational offerings focused on youth and other emphasized the aged; there was no consistent pattern apparent. Regions in general found it difficult to project offerings beyond 1985, with some regions not projecting anything and some regions projecting offerings in fewer content areas. Regions projected fewer resources for programming in some areas particularly those related to technological content.

The recommendation made on the content and format of the regional report on anticipatory continuing education in nursing programming to the Curriculum Framework Task Force was that the information consist of: 1) the "patterns" identified for each region, 2) the coordinator's comments about the "patterns" and the regional description, and 3) the identified statewide "patterns".

Proposed Evaluation Plan for the Curriculum Project Report

In order to evaluate the curriculum project, a proposed model and plan for implementation was necessary. A simple discrepancy evaluation was the method of choice, based upon the projected resources (people, time and money) available to implement the evaluation. More sophisticated evaluation procedures would require the collection of base-line data, and a longitudinal study approach in order to thoroughly evaluate the application of the curriculum framework components both in Indiana and nation-wide. Therefore, in order to conduct a discrepancy-model evaluation, some determination was made of the goals of the curriculum model project, so that the discrepancies between the stated goals and the extent of their achievement can be studied. The goals of the curriculum project were extrapolated from the curriculum project materials as follows:

1. The development of a philosophy for continuing education in nursing programs.
2. The development of a conceptual framework aimed at using an anticipatory approach which looks at developing strategies combining historical perspectives, analysis of the present and anticipation of the future in a reality frame of reference.
3. The delineation of desired behaviors in terms of levels of attainment into a taxonomy.
4. The definition of desired behaviors in terms of levels of attainment into a taxonomy.
5. The delineation of desired offerings in terms of broad areas of content for each of the levels.
6. The definition of desired offerings in terms of broad areas of content for each of the levels.
7. The projection of regional capabilities to meet those identified needs over a ten year period of time.
8. The utilization of the project's results in coordination at the statewide level.

Evaluative data will be collected through various means. Following data analysis, some conclusions will be drawn relative to the effectiveness of the curriculum framework for continuing education in nursing in Indiana. These conclusions will be published and disseminated throughout the state to insure continued improvement in the future.

GLOSSARY OF TERMS

*Self-directed Learning Activity:

One for which the learner takes the initiative and responsibility for the learning process. Self-directed learning is either designed by the learner or designed by others.

*Nontraditional Learning:

New or unconventional methods or modes of educattion.

*Program:

Planned, organized effort directed toward accomplishing broad, overall objectives. A program includes many segments described as educational offerings or courses.

*Course: (Educational Offerings):

One segment of a continuing education program. A series of learning experiences or activities that focus on specific related content.

*Programmed Instruction:

Instruction utilizing a workbook, text book, or mechanical or electronic device programmed to help the learner attain specific educational objectives.

Anticipatory Approach to Curriculum Planning:

The process of seeking out and forecasting futuristic educational needs.

Conceptual Framework:

A structure which represents a systematic ordering of selected facts, principles, concepts, and propositions drawn from theories.

Phenomenon:

Specific content or process under study as a sub-set of the total offering.

Field of Study:

Area of study bounded by the limits of the total offering.

*Source:

American Nurses; Association, Self-Directed Continuing Education in Nursing kansas City, MO: A.N.A., 1978, pp. 11-13.

5/9/79

APPENDIX A

CHART I

ADMINISTRATIVE PROFILE BY REGION

CHART I. ADMINISTRATIVE PROFILE BY REGIONS

REGIONAL CENTER	ORGANIZATIONAL STRUCTURE			FINANCIAL ARRANGEMENTS						PHILOSOPHY			OBJECTIVES		
	Position in Organizational Structure	TO Whom Responsible	Relationship with Faculty	Sources of Supp. Self-Supporting	Partial Self-Supporting	Grant Support	Pattern of Financial Support	Controller of Continuing Education Monies	Method of Determining Cost of Courses	Coincide with ISPCEN	Own School Coincide with Philosophy	Existing CEN Objectives	Existing CEN School	Comparable with	Comparable with ISPCEN Philosophy
Region I I.U. Northwest (Gary)	on equal plane with 2 other programs in Dept. of Nsg.	Directly Responsible to Chairperson of Nursing	Director-100% time Has rank & tenure in Dept. of Nursing Serves in Advisory capacity to FNP Program Informal access to School of Nursing faculty and others in Continuing Education		X	X	F.T. Dir. and P.T. Secretary & indirect costs of facility operation (capitation funds) All other costs via fee intake	Director of Program in cooperation with Chairperson, Dept. of Nursing	Fees determined by cost estimate per person	Yes	Yes	Yes	Yes	Yes	Yes
Region II Goshen College (Goshen)	on equal plane with other administrative units of nursing	Coordinator directly responsible to Director of Nursing Programs C.E. Comm. responsible to Dean of College C.E. Nursing Committee to Director-Nursing Program	Coordinator-Participate on C.E. Committee for College and administer own C.E. Comm. Has access to faculty for planning and some teaching Informal access to Nursing faculty		X	X	F.T. Coord. P.T. Sec. (capitation funds) W-S. Student All other costs via fee intake	Budget made by Coord. approved at each administrative level to Board Coordinator administers budget.	Fee determined by cost estimate per person	Yes	Yes	Yes	Yes	Yes	Yes

REGIONAL CENTER	ORGANIZATIONAL STRUCTURE			FINANCIAL ARRANGEMENTS						PHILOSOPHY			OBJECTIVES		
	Position in Organizational Structure	TO Whom Responsible	Relationship with Faculty	Sources of Supp. Self-Supporting	Partial Self-Supporting	Grant Support	Pattern of Financial Support	Controller of Continuing Education Monies	Method of Determining Cost of Courses	Coincide with ISPCEN (except for ANA standards and approval mechanisms)	Coincide with Own School Philosophy	Existing CEN Philosophy	Existing CEN Objectives	Comparable with School	Comparable with ISPCEN Philosophy
Region IV P.U. Lafayette (W. Lafayette)	on equal plane with other Nursing Dept. Chairpersons	Directly responsible to Head, Nursing Department Indirectly responsible to Continuing Education Coordinator Division of C.E.	Department of Nursing C.E. Comm. works with Director to provide C.E. Informal access to nursing faculty for use in C.E.		X		C.E. Director's support ½ from D.N. & ½ from Division of Conferences Admin. Asst salary from N.D. Support services from Conf. Division on self-supporting basis	Business Manager, Div. of Confs.	Fees determined by cost estimate per person	Yes	Yes	Yes	No	Yes	Yes
Region V I.U.K. (Kokomo)	A unit of DGTS and continuing studies	Responsible to DGTS & Continuing Studies	Director of Nursing C.E. has faculty rank Must request S. of N. faculty to teach in courses Most faculty recruited from outside		X		F.T. Director of C.E.N.; P.T. Secretary funded by Department Must work within a fixed budget.	Director of DGTS & C.E.	Fees determined by cost estimate per person	Yes	Yes	Yes	Yes	Yes	Yes
Region VI & (IX) Ball State University (Muncie)	a subcommittee of curriculum committee	curriculum committee ↓ Fac. Exec. Committee ↓ Chair of Nursing Department	Informal access to faculty through committee structure Coop. relationship with School of C.E. for support services. Coordinator has rank & tenure & faculty privileges		X		No separate budget for C.E.N. F.T. Coord. pd. by N.D. P.T. Sec. pd. by N.D. other expenses self-supporting through School of C.E.	School of Continuing Education	Fees determined by cost estimate per person School of C.E. collects fees directly	Yes	Yes	No	Yes	?	No

REGIONAL CENTER	ORGANIZATIONAL STRUCTURE			FINANCIAL ARRANGEMENTS						PHILOSOPHY			OBJECTIVES		
	Position in Organizational Structure	TO Whom Responsible	Relationship with Faculty	Sources of Supp. Self-Supporting	Partial Self-Supporting	Grant Support	Pattern of Financial Support	Controller of Continuing Education Monies	Method of Determining Cost of Courses	Coincide with ISPCEN	Coincide with Own School	Existing CEN Philosophy	Existing CEN Objectives	Comparable with School	Comparable with ISPCEN Philosophy
Region VII Indiana State University (Terre Haute)	on equal plane with faculty S. of N.	Dean, School of Nursing	Director has rank & faculty privileges. Open lines of communication with S. of N. faculty & with Dean, Special Services & CE		X		F.T. Director P.T. Secretary Dean S. of N. controls budget. University funds and fees are support for budgeted line items.	Director of CEN controls monies generated by CE Program	Fees determined by cost estimate per person and anticipated enrollment	Yes except for research	Yes	Yes	Yes	Yes	Yes in most aspects
Region VIII I.U. School of Nursing at IUPUI (Indpls)	on equal plane with other Programs in School of Nursing	Dean, School of Nursing	Director & all faculty have rank & tenure privileges and participate in total org. activities. CE faculty have direct access to individual faculty members &/or with Program Deans		X	PNA Grant Grad. Asst.	F.T. Dir. F.T. Asst. Director F.T. Inst. F.T. Admin. Clerk supported by S.N. budget F.T. Sec. supported by our C.E. Prog. all other expenses self-supp. from fees	C.E. Program Director	Bd. of Trustees approval for $20. per day per student Policies re. variation of this made by Dept. & approved by S. of N. Dean	Yes	Yes	Yes	Yes	Yes	Mostly gaps to be changed
Region XI XII IUPUI Columbus Center (Columbus)	Coordinator of CEN Part Time Part Time Grants woman	Directly responsible to Asst. Director CE & Coll. Appointed by Dean S. of Nursing	Relates to all at Columbus Is considered part of IUSN faculty with all privileges, etc. and availability of faculty, etc.		X	X	C.E. Coord. salary from university (primarily self-supp.) 2 Budget systems Travel from General University Budget	Money generated by CEN controlled by Nursing Coordinator	Fees determined by cost estimate per person	Yes except ISPCEN related to nursing	-	No	Yes	Yes	Yes

REGIONAL CENTER	ORGANIZATIONAL STRUCTURE			FINANCIAL ARRANGEMENTS						PHILOSOPHY			OBJECTIVES		
	Position in Organizational Structure	TO Whom Responsible	Relationship with Faculty	Sources of Supp. Supporting	Partial Self-Supporting	Grant Support	Pattern of Financial Support	Controller of Continuing Education Monies	Method of Determining Cost of Courses	Coincide with ISPCEN	Coincide with Own School	Coincide with Philosophy Existing CEN	Objectives Existing CEN	Comparable with School	Comparable with ISPCEN Philosophy
Region XIII University of Evansville (Evansville)	on equal plane with other programs in School of Nursing	Directly responsible to Dean School of Nursing	Coordinator 100% Has Faculty rank & tenure & participate on Committees in S.N. & in University Informal access to faculty		X		F.T. C.E. Coordinator salary from S.N. budget P.T. Secretary Other expenses supported by fees and contributions	Director of C.E. to Dean, S.N.	Fees determined by cost	Partially-Dependent, Independent & interdependent action implied and change theory implied.	Yes	Yes	Yes	Yes	Yes

APPENDIX B

CHART II

ANALYSIS OF AGREEMENT OF ELEMENTS OF ISPCEN
PHILOSOPHY FOR CEN COMPARED WITH CEN
PHILOSOPHY AND OBJECTIVES BY REGION

CHART II. ANALYSIS OF AGREEMENT OF ELEMENTS OF ISPCEN PHILOSOPHY FOR CONTINUING EDUCATION COMPARED WITH CONTINUING EDUCATION IN NURSING PHILOSOPHY AND OBJECTIVES BY REGION

ELEMENTS OF ISPCEN PHILOSOPHY TO BE REFLECTED IN OBJECTIVES AND/OR PHILOSOPHY OF REGIONS	REGIONS								
	I	II	IV	V	VI	VII	VIII	XI	XIII
Provision of quality Continuing Education for RNs.	Yes+ Minimal LPN	Yes+ LPN	Yes+ All Nurses	Yes+ All Nurses	Yes+ All Nurses	Yes	Yes	Yes+ All Nurses	Yes
In accord with ANA/ISPCEN Standards.	Yes	Yes	No	Implied	Yes	Implied	Implied	Implied	Implied
Worth of man as wholistic being and ability to adapt and interact.	Implied	Yes	Implied	--	Yes	Yes	--	--	Yes
Promotion of quality health care delivery to consumer recognizing his rights and value systems.	Yes	Yes	Yes	Implied	Yes	Yes	Implied	--	Yes
Interdisciplinary approach to health care delivery.	Implied	Yes	Yes	Yes	--	Implied	Yes	--	Implied
Health maintenance, restoration and rehabilitation via nursing process.	Yes	Yes	Implied	--	Implied	Implied	Implied	--	Implied
Nursing based on physical, psychosocial sciences and research findings.	Yes	Yes	Implied	Yes	Implied	Implied	Implied	--	Yes
Continuing Education - learning experiences beyond basic nursing expansion of knowledge, skills and attitudes.	Yes	Yes	Implied	Implied	Implied	Yes	Yes	Implied	Yes

ELEMENTS OF ISPCEN PHILOSOPHY TO BE REFLECTED IN OBJECTIVES AND/OR PHILOSOPHY OF REGIONS	REGIONS								
	I	II	IV	V	VI	VII	VIII	XI	XIII
Concept of lifelong learning.	Yes	Yes	Yes	Yes	Implied	Yes	Yes	Yes	Yes
Continuing Education built upon adult education principles.	Implied	Yes	Yes	Yes	Implied	Implied	Yes	Implied	Yes
Implementing change in nursing practice.	Implied	Yes	Implied	Yes	Implied	Yes	Yes	--	Implied
Research as component of Continuing Education	--	Yes	Implied	Implied	Implied but not relative to content	--	Yes	--	Yes

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APPENDIX C

CHART III

ANALYSIS OF PURPOSES, APPROACHES AND SEQUENCING PATTERNS OF CEN OFFERINGS BY REGION

CHART III ANALYSIS OF PURPOSES, APPROACHES, AND SEQUENCING PATTERNS OF CONTINUING EDUCATION IN NURSING OFFERINGS BY REGION (1978)

REGION	PURPOSE					APPROACHES					SEQUENCING PATTERNS					
	Update	Upgrade (new knowledge and new roles)	Update Non-Pract.	Update/ Upgrade Same role or trad. role change	Upgrade moving to new roles	Academic Credit	N/C CEU	N/C NO CEU	Certification	Non-Trad. and Specify	Series	Sequencing	Repeats	1 X only	Long-Term	Other
I	Primary	Primary	Secondary	Secondary	Secondary	Rarely	Always	Rarely	Rarely	Rarely	X	X		X		
II	Secondary	Primary		Primary		Rarely	Always	Rarely	Rarely	Rarely	X	X	X	X		
IV	Primary	Primary	Primary	Primary	Primary	Sometimes	Always		Rarely	Rarely Prog. Instruction Available	X	X	X	X	X--for credit for Basic Students and for RN's	
V	Primary	Secondary	Primary	Primary	Secondary		Always						X	X		
VI	Primary	Primary	Primary	Primary	Primary	Rarely	Always		Rarely	Often-?			X--for different levels	X		
VII	Primary	Primary	Secondary	Primary	Secondary	Rarely	Always	Never	Rarely		X		X-for different levels	X		
VIII	Secondary	Primary	Secondary	Primary	Primary	Rarely	Always	Rarely	Rarely	Sometimes NIOSH & VTR Mgmt. Series	X	X--of levels	X	Few	Few	Independent Study--NIOSH & Mgmt.
XI & XII	Primary	Primary	Secondary	Secondary	Secondary	Rarely	Always	Rarely	Rarely	Sometimes	X		X	X		
XII	Primary		Primary	Primary		Rarely	Sometimes	Sometimes	Sometimes		X		X	Decreasing		

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APPENDIX D

CHART IV

ANALYSIS OF LEARNER CHARACTERISTICS BY REGION

CHART IV ANALYSIS OF LEARNER CHARACTERISTICS BY REGION

Region	Primary Gorgraphic Areas Served (1978)	Levels of Offerings 1978		Target Learner Audience By Occupation* 1978		*Estimated Percentage of Types of Learner by Education														*Estimated Percentages of Broad Kinds of Learners					
						R.N. Diploma		R.N. ASN/ADN		R.N. BSN		R.N. MSN		R.N. Specialist Degree		R.N. Doctoral Degree		L.P.N.		Practicing R.N.'s		Non-Practicing R.N.'s		Interdisciplinary Learners	
		Primary	Secondary	Major*	Minor*	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985
Region I	Local Regional Illinois Border States	I II		Staff R.N.'s Staff L.P.N.'s Nursing Home Middle Management	Occupational Health R.N.'s School Nurses Primary Care Practitioners Clinical Specialists Interdisciplinary health team	43	30	30	35	15	27	04	05	.5	01	.1	.1	08	02	73	80	27	20	01	02
Region II	Local Regional Michigan	I II	III	Staff R.N.'s Staff L.P.N.'s Nursing Home Middle Management Faculty-Schools of Nursing	R.N.'s in Clinics etc. L.P.N.'s in clinics, etc. Interdisciplinary Staff Development Teachers	60	70	10	70	30	80	35	70	0	02	0	0	10	40	35	70	05	10	01	03

*Refer to Chart IV A for setting (place of employment)

*Percentages based upon Estimated Learner Population of the Identified Target Audience by Region.

CHART IV ANALYSIS OF LEARNER CHARACTERISTICS BY REGION CONTINUED:

REGION	Primary Geographic Areas Served (1978)	Levels of Offerings 1978		Target Learner Audience By Occupation* 1978		*Estimated Percentage of Types of Learner by Education												*Estimated Percentages of Broad Kinds of Learners					
						R.N. Diploma		R.N. ASN/ADN		R.N. BSN		R.N. MSN		R.N. Specialist		R.N. Doctoral Degree		L.P.N.		Practicing R.N.'s		Non-Practicing R.N.'s		Interdisciplinary Learners	
		Primary	Secondary	Major*	Minor*	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985
Region IV	Local Regional Illinois Some Statewide	I		Staff R.N.'s Staff L.P.N.'s Nursing Home Administrators	Community Health R.N.'s Primary Care Practitioners Clinical Specialists School of Nursing Faculty & Administrators & Non-Nursing University Continuing Education Faculty Technicians	30	05	35	50	08	19	01	10	.5	05	.5	04	25	10	80	85	15	13	05	12
Region V	Local Regional	I		Staff R.N.'s Staff L.P.N.'s Interdisciplinary Middle Management in Staff Devopement & Nursing Homes	Community Health R.N.'s Occupational Health & Clinic L.P.N.'s Interdisciplinary in some areas Administrators & Teachers in all areas Middle Management in Nursing Service & Schools of Nursing	45	30	25	30	05	07	03	5.5	02	02	0	.5	20	25	60	50	30	40	10	10

*Refer to Chart IV A for Setting (place of employment).

*Percentages based upon Estimated Learner Population of the Identified Target Audience by Region.

CHART IV ANALYSIS OF LEARNER CHARACTERISTICS BY REGION CONTINUED:

REGION	Primary Geographic Areas Served (1978)	Levels of Offerings 1978		Target Learner Audience By Occupation* 1978		*Estimated Percentage of Types of Learner by Education														*Estimated Percentages of Broad Kinds of Learners					
						R.N. Diploma		R.N. ASN/ADN		R.N. BSN		R.N. MSN		R.N. Specialist Degree		R.N. Doctoral Degeee		L.P.N.		Practicing R.N.'s		Non-Practicing R.N.'s		Interdisciplinary Learners	
		Primary	Secondary	Major*	Minor*	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985
Region VI & IX	Local Regional Western Ohio	I	II	Staff R.N.'s Staff L.P.N.'s Middle Management Teachers in all areas Primary Care Practitioners-School Nurses Nursing Home & Staff Development Administrators	Other types of Primary Care Practitioners Clinical Specialists Administrators in Nursing Service, Continuing Education & Schools of Nursing Interdisciplinary	60	35	10	10	47	60	01	05	01	01	0	04	50	75	95	95	4.5	10	10	10
Region VII	Local Regional Five Counties in Illinois	I	II	Staff R.N.'s Staff L.P.N's in hospitals, clinics, physician's offices, & Nursing Homes	Staff R.N.'s other areas Staff L.P.N.'s other areas Primary Care Practitioners Clinical Specialists Teachers Middle Management Administrators Interdisciplinary	50	10	5	45	40	35	01	05	0	01	0	.5	05	05	90	80	07	10	03	15

*Refer to Chart IV A for Setting (place of employment).

*Percentages based upon Estimated Learner Population of the Identified Target Audience by Region.

CHART IV ANALYSIS OF LEARNER CHARACTERISTICS BY REGION CONTINUED:

REGION	Primary Geographic Areas Served (1978)	Levels of Offerings 1978		Target Learner Audience By Occupation* 1978		*Estimated Percentage of Types of Learner by Education												*Estimated Percentages of Broad Kinds of Learners					
						R.N. Diploma		R.N. ASN/ADN		R.N. BSN		R.N. MSN		R.N. Specialist Degree		R.N. Doctoral Degree		L.P.N.		Practicing R.N.'s		Non-practicing R.N.'s		Interdisciplinary Learners	
		Primary	Secondary	Major*	Minor*	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985
Region VIII	Local Regional Statewide National 5 Border States	II III	I IV	Staff R.N.'s Primary Care Practitioners Clinical Specialists Middle Management Teachers & Administrators in School of Nursing., Continuing Education & Nursing Service Interdisciplinary	Staff L.P.N.'s School Nurses Occupational Health Nurses	40	15	10	15	20	45	20	40	07	10	02	04	01	.05	90	90	02	30	08	10
Regions XI & XII	Regional Ohio Kentucky	I		Staff R.N.'s in all fields	Staff L.P.N.'s Primary Care Practitioners Clinical Specialists Middle Management Administrators in Nursing Service and Nursing Homes Teachers in Staff Development Interdisciplinary	60	40	20	40	10	10	0	0	0	0	0	0	10	10	80	75	05	05	05	10

*Refer to Chart IV A for Setting (Place of Employment).

* Percentages based upon Estimated Learner Population of the Identified Target Audience by Region.

CHART IV ANALYSIS OF LEARNER CHARACTERISTICS BY REGION CONTINUED:

REGION	Primary Geographic Areas Served (1978)	Levels of Offerings 1978		Target Learner Audience By Occupation* 1978		*Estimated Percentage of Types of Learner by Education														*Estimated Percentages of Broad Kinds of Learners					
						R.N. Diploma		R.N. ASN/ADN		R.N. BSN		R.N. MSN		R.N. Specialist Degree		R.N. Doctoral Degree		L.P.N.		Practicing R.N.'s		Non-practicing R.N.'s		Interdisciplinary Learners	
		Primary	Secondary	Major*	Minor*	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985	% IN 1978	% BY 1985
Region XIII	Local Regional Southern Illinois Western Kentucky	I	II	Staff R.N.'s Nursing Home Staff L.P.N.'s Faculty Schools of Nursing	Staff L.P.N.'s Primary Care Practitioners Nursing Service Middle Management Staff Development and School of Nursing Administrators Teacher - Staff Development Interdisciplinary	30	20	30	30	25	30	05	05	0	0	0	0	10	10	70	60	20	20	10	30

*Refer to Chart IV A for Setting (place of employment).

*Percentages based upon Estimated Learner Population of the Identified Target Audience by Region

APPENDIX D

CHART IV A

SUMMARY OF OCCUPATIONAL EMPHASIS OF LEARNERS
BY POSITION AND SETTING BY REGION

CHART IV A. SUMMARY OF OCCUPATIONAL EMPHASIS OF LEARNERS BY POSITION AND SETTING, BY REGION (1978)

KEY 1. = Major Category Served
2. = Minor Category Served

REGION	Types of Position	SETTING: Hospital	Community Health Agency	Occupational Health	Clinic/Office	School Health System	Nursing Home/ Extended Care Facility	Types of Position	SETTING: Nursing Service	Staff Development	Continuing Education	Schools of Nursing	Nursing Home/ Extended Care Facility
I	Staff R.N.	1	1	2	1	2	1	Middle Management	2	2	-	-	1
	Staff L.P.N.	1	2	-	2	2	1	Administrative	2		-	-	2
	Primary Care Practitioner	2	-	-	-	2	-	Teaching	-	2	-	2	2
	Clinical Specialist	2	-	-	-	-	-	Primary Care Practitioner	-	-	-	-	-
	Interdisciplinary	2	2	-	2	2	2	Clinical Specialist	2	-	-	-	-
								Interdisciplinary	2	-	-	-	2
II	Staff R.N.	1	1	1	2	1	1	Middle Management	-	-	-	-	1
	Staff L.P.N.	1	1	1	2	2	1	Administrative	-	-	-	-	2
	Primary Care Practitioner	-	-	-	-	-	-	Teaching	1	2	2	1	-
	Clinical Specialist	-	-	-	-	-	-	Primary Care Practitioner	-	-	-	-	-
	Interdisciplinary	2	2	-	-	-	2	Clinical Specialist	-	-	-	-	-
								Interdisciplinary	2	2	2	2	2
IV	Staff R.N.	1	2	1	1	-	1	Middle Management	-	-	-	2	-
	Staff L.P.N.	1	-	-	-	-	1	Administrative	-	-	-	2	1
	Primary Care Practitioners	2	2	-	-	-	-	Teaching	-	2	2	2	-
	Clinical Specialist	2	-	-	-	-	-	Primary Care Practitioner	-	-	-	-	-
	Interdisciplinary	-	-	-	-	-	-	Clinical Specialist	-	-	-	-	-
	Technicians	2	-	-	-	-	-	Interdisciplinary	-	-	2	2	-
V	Staff R.N.	1	2	2	2	1	1	Middle Management	2	1	2	2	1
	Staff L.P.N.	1	-	2	2	-	1	Administrative	2	2	2	2	2
	Primary Care Practitioner	-	-	-	-	-	-	Teaching	2	2	2	2	2
	Clinical Specialist	-	-	-	-	-	-	Primary Care Practitioner	-	-	-	-	-
	Interdisciplinary	1	2	2	2	1	1	Clinical Specialist	-	-	-	-	-
								Interdisciplinary	2	-	2	-	1
VI & IX	Staff R.N.	1	1	1	2	1	1	Middle Management	1	1	1	1	1
	Staff L.P.N.	1	1	1	2	1	1	Administrative	2	1	2	2	1
	Primary Care Practitioner	2	-	-	-	1	-	Teaching	1	1	1	1	1
	Clinical Specialist	2	-	-	-	-	-	Primary Care Practitioner	-	-	-	2	-
	Interdisciplinary	2	-	-	-	-	-	Clinical Specialist	-	-	-	-	-
								Interdisciplinary	2	-	-	-	-

CHART IV A. SUMMARY OF OCCUPATIONAL EMPHASIS OF LEARNERS BY POSITION AND SETTING, BY REGION (1978)

KEY 1. = Major Category Served
2. = Minor Category Served

REGION	Types of Position	SETTING: Hospital	Community Health Agency	Occupational Health	Clinic/Office	School Health System	Nursing Home/ Extended Care Facility
VII	Staff R.N.	1	2	2	1	2	2
	Staff L.P.N.	1	2	2	1	2	1
	Primary Care Practitioner	2	2	2	2	2	2
	Clinical Specialist	2	2	2	2	2	2
	Interdisciplinary	2	2	2	2	2	2
VIII	Staff R.N.	1	1	1	2	2	2
	Staff L.P.N.	2	2	-	-	-	2
	Primary Care Practitioners	2	1	2	2	2	-
	Clinical Specialist	1	1	-	-	-	-
	Interdisciplinary	1	2	-	-	-	2
XI & XII	Staff R.N.	1	1	1	1	1	1
	Staff L.P.N.	2	2	2	2	-	2
	Primary Care Practitioner	-	-	-	2	-	-
	Clinical Specialist	2	-	-	-	-	-
	Interdisciplinary	2	2	-	-	-	2
XIII	Staff R.N.	1	1	1	-	1	1
	Staff L.P.N.	2	2	-	-	-	1
	Primary Care Practitioner	2	-	-	-	-	-
	Clinical Specialist	-	-	-	-	-	-
	Interdisciplinary	2	-	-	-	-	-

Types of Position	SETTING: Nursing Service	Staff Development	Continuing Education	Schools of Nursing	Nursing Home/ Extended Care Facility
Middle Management	2	2	2	2	2
Administrative	2	2	2	2	2
Teaching	2	2	2	2	2
Primary Care Practitioner	2	2	2	2	2
Clinical Specialist	2	2	2	-	2
Interdisciplinary	2	-	-	2	2
Middle Management	1	1	1	1	-
Administrative	1	1	1	1	2
Teaching	1	1	1	1	-
Primary Care Practitioner	2	-	1	1	-
Clinical Specialist	2	2	-	2	-
Interdisciplinary	1	-	1	2	2
Middle Management	2	2	2	-	2
Administrative	2	-	-	-	2
Teaching	-	2	-	-	-
Primary Care Practitioner	-	-	-	-	-
Clinical Specialist	-	-	-	-	-
Interdisciplinary	2	2	2	-	2
Middle Management	2	-	-	-	-
Administrative	2	2	-	2	-
Teaching	-	2	-	1	-
Primary Care Practitioner	-	-	-	2	-
Clinical Specialist	-	-	-	-	-
Interdisciplinary	2	-	-	2	-

APPENDIX E

CHART V

POPULATION CHARACTERISTICS BY REGION

CHART V

POPULATION CHARACTERISTICS BY REGION

REGION I

YEAR	TOTAL POPULATION OF REGION	PERCENTAGE OF STATE POPULATION
1970	802,558	15.45%
1976 (Estimate)	818,800	15.45
1985 (Projected)	886,000	15.20

POPULATION DENSITY (1970)			
Land Area Per Square Mile:	3,263.0	Urban Population:	80.4%
Population Per Square Mile:	246.0	Rural Population:	19.1%

POPULATION CHARACTERISTICS (1970)	PERCENTAGE DISTRIBUTION IN REGION	PERCENTAGE DISTRIBUTION OF STATE
BY RACE:		
WHITE	84.74	14.11
BLACK	14.88	33.39
OTHER	.40	20.00
BY SEX:		
MALE	49.29	15.63
FEMALE	50.72	15.29

AGE GROUP	PERCENTAGE DISTRIBUTION 1970		PERCENTAGE DISTRIBUTION 1985	
	MALE	FEMALE	MALE	FEMALE
0-4	9.34	8.85	10.55	9.46
5-13	20.59	19.54	17.05	15.62
14-19	12.30	11.88	8.07	7.48
20-24	6.94	7.71	9.56	8.96
25-34	12.05	12.15	16.24	16.81
35-54	23.52	23.46	21.48	21.40
55-64	8.56	8.26	8.88	9.42
65-74	4.38	5.04	5.78	6.93
75+	2.39	3.19	2.34	4.02

EMPLOYMENT FIELD	PERCENTAGE DISTRIBUTION 1970	
	MALE	FEMALE
PROFESSIONAL, TECHNICAL, KINDRED	9.04	13.48
FARMERS, FARM MANAGERS	1.65	.15
NON FARM MANAGERS, OFFICE PROP.	6.87	2.82
CLERICAL AND KINDRED	5.97	33.99
SALES WORKERS	4.20	7.67
CRAFT FOREMAN & KINDRED	29.02	2.25
OPERATIVES & KINDRED	22.99	12.00
SERVICE EXCEPT PRIVATE HOUSEHOLD	6.59	18.42
FARM LABOR & FOREMAN	.69	.27
LABOR EXCEPT FARM & MINE	8.78	1.23
HOME MAKER	.03	2.49
NOT REPORTED	4.23	5.28

POPULATION CHARACTERISTICS BY REGION

REGION II

YEAR	TOTAL POPULATION OF REGION	PERCENTAGE OF STATE POPULATION
1970	454,687	8.76%
1976 (Estimate)	458,600	8.65
1985 (Projected)	511,700	8.78

POPULATION DENSITY (1970)			
Land Area Per Square Mile:	1,917.0	Urban Population:	67.7%
Population Per Square Mile:	237.2	Rural Population:	32.2%

POPULATION CHARACTERISTICS (1970)	PERCENTAGE DISTRIBUTION IN REGION	PERCENTAGE DISTRIBUTION OF STATE
BY RACE:		
WHITE	94.54	8.92
BLACK	5.10	6.49
OTHER	.37	10.60
BY SEX:		
MALE	48.84	8.78
FEMALE	51.17	8.74

AGE GROUP	PERCENTAGE DISTRIBUTION 1970		PERCENTAGE DISTRIBUTION 1985	
	MALE	FEMALE	MALE	FEMALE
0-4	9.09	8.30	9.84	8.79
5-13	18.78	17.09	17.15	15.27
14-19	12.66	11.54	8.19	7.29
20-24	7.93	8.00	9.16	8.17
25-34	11.99	11.72	16.79	16.32
35-54	22.47	23.09	21.01	21.41
55-64	8.81	9.24	8.93	9.63
65-74	5.35	6.51	5.96	7.51
75+	2.98	4.59	3.04	5.70

EMPLOYMENT FIELD	PERCENTAGE DISTRIBUTION 1970	
	MALE	FEMALE
PROFESSIONAL, TECHNICAL, KINDRED	11.80	12.01
FARMERS, FARM MANAGERS	2.09	.23
NON FARM MANAGERS, OFFICE PROP.	10.37	2.60
CLERICAL AND KINDRED	6.27	31.95
SALES WORKERS	6.66	6.95
CRAFT FOREMAN & KINDRED	20.47	2.22
OPERATIVES & KINDRED	24.14	18.52
SERVICE EXCEPT PRIVATE HOUSEHOLD	6.27	16.19
FARM LABOR & FOREMAN	.81	.43
LABOR EXCEPT FARM & MINE	5.62	1.25
HOME MAKER	.05	2.44
NOT REPORTED	5.50	5.26

POPULATION CHARACTERISTICS BY REGION

REGION III

YEAR	TOTAL POPULATION OF REGION	PERCENTAGE OF STATE POPULATION
1970	492,780	9.49%
1976 (Estimate)	508,600	9.60
1985 (Projected)	582,200	9.99

POPULATION DENSITY (1970)			
Land Area Per Square Mile:	3,558.0	Urban Population:	59.5%
Population Per Square Mile:	138.5	Rural Population:	40.5%

POPULATION CHARACTERISTICS (1970)	PERCENTAGE DISTRIBUTION IN REGION	PERCENTAGE DISTRIBUTION OF STATE
BY RACE:		
WHITE	95.74	9.79
BLACK	3.96	5.45
OTHER	.32	9.71
BY SEX:		
MALE	48.71	9.49
FEMALE	51.30	9.50

AGE GROUP	PERCENTAGE DISTRIBUTION 1970		PERCENTAGE DISTRIBUTION 1985	
	MALE	FEMALE	MALE	FEMALE
0-4	9.76	8.90	10.42	9.46
5-13	20.02	17.09	17.28	15.85
14-19	12.12	11.17	8.14	7.48
20-24	7.59	8.16	9.07	8.40
25-34	12.60	12.17	16.58	16.56
35-54	21.73	21.70	22.42	21.44
55-64	8.20	8.60	8.19	8.72
65-74	5.12	6.34	5.33	6.65
75+	2.89	4.71	2.67	4.88

EMPLOYMENT FIELD	PERCENTAGE DISTRIBUTION 1970	
	MALE	FEMALE
PROFESSIONAL, TECHNICAL, KINDRED	12.20	11.99
FARMERS, FARM MANAGERS	4.22	.33
NON FARM MANAGERS, OFFICE PROP.	9.81	2.72
CLERICAL AND KINDRED	6.17	31.01
SALES WORKERS	6.32	7.19
CRAFT FOREMAN & KINDRED	20.59	2.43
OPERATIVES & KINDRED	23.92	18.90
SERVICE EXCEPT PRIVATE HOUSEHOLD	6.20	16.09
FARM LABOR & FOREMAN	.96	.63
LABOR EXCEPT FARM & MINE	5.40	1.39
HOME MAKER	.04	2.40
NOT REPORTED	4.34	4.98

POPULATION CHARACTERISTICS BY REGION

REGION IV

YEAR	TOTAL POPULATION OF REGION	PERCENTAGE OF STATE POPULATION
1970	250,808	4.83%
1976 (Estimate)	254,800	4.81
1985 (Projected)	272,700	4.68

POPULATION DENSITY (1970)			
Land Area Per Square Mile:	3,459.0	Urban Population:	5.1%
Population Per Square Mile:	72.5	Rural Population:	94.8%

POPULATION CHARACTERISTICS (1970)		PERCENTAGE DISTRIBUTION IN REGION	PERCENTAGE DISTRIBUTION OF STATE
BY RACE:			
	WHITE	99.00	5.16
	BLACK	.51	.36
	OTHER	.51	8.01
BY SEX:			
	MALE	49.66	4.93
	FEMALE	50.35	4.75

AGE GROUP	PERCENTAGE DISTRIBUTION 1970		PERCENTAGE DISTRIBUTION 1985	
	MALE	FEMALE	MALE	FEMALE
0-4	8.68	8.20	9.49	8.70
5-13	17.22	16.33	15.50	14.53
14-19	13.37	11.75	8.91	7.76
20-24	11.22	9.91	13.54	9.87
25-34	12.78	12.24	16.83	15.45
35-54	20.16	20.94	18.57	21.55
55-64	8.20	8.54	8.22	9.07
65-74	5.18	6.80	5.90	7.32
75+	3.28	5.35	2.93	5.94

EMPLOYMENT FIELD	PERCENTAGE DISTRIBUTION 1970	
	MALE	FEMALE
PROFESSIONAL, TECHNICAL, KINDRED	14.46	12.79
FARMERS, FARM MANAGERS	7.11	.31
NON FARM MANAGERS, OFFICE PROP.	8.96	3.28
CLERICAL AND KINDRED	5.48	27.67
SALES WORKERS	5.06	6.40
CRAFT FOREMAN & KINDRED	19.47	2.38
OPERATIVES & KINDRED	19.08	13.72
SERVICE EXCEPT PRIVATE HOUSEHOLD	7.80	19.13
FARM LABOR & FOREMAN	1.52	.38
LABOR EXCEPT FARM & MINE	5.05	1.26
HOME MAKER	.07	4.01
NOT REPORTED	5.11	5.74

POPULATION CHARACTERISTICS BY REGION

REGION V

YEAR	TOTAL POPULATION OF REGION	PERCENTAGE OF STATE POPULATION
1970	232,087	4.47%
1976	(Estimate) 234,300	4.42
1985	(Projected) 258,900	4.45

POPULATION DENSITY (1970)			
Land Area Per Square Mile:	2,112.0	Urban Population:	49.6%
Population Per Square Mile:	109.9	Rural Population:	50.3%

POPULATION CHARACTERISTICS (1970)	PERCENTAGE DISTRIBUTION IN REGION	PERCENTAGE DISTRIBUTION OF STATE
BY RACE:		
WHITE	97.45	4.70
BLACK	2.20	1.43
OTHER	.37	5.20
BY SEX:		
MALE	48.78	4.47
FEMALE	51.23	4.48

AGE GROUP	PERCENTAGE DISTRIBUTION 1970		PERCENTAGE DISTRIBUTION 1985	
	MALE	FEMALE	MALE	FEMALE
0-4	9.31	8.52	10.14	9.06
5-13	19.88	26.42	16.31	15.03
14-19	11.36	10.63	7.80	7.09
20-24	7.22	7.74	9.37	8.48
25-34	13.04	12.51	15.89	15.77
35-54	22.76	22.44	23.16	23.03
55-64	8.25	8.67	8.93	9.25
65-74	5.05	6.44	5.77	7.13
75+	3.21	5.23	2.85	5.19

EMPLOYMENT FIELD	PERCENTAGE DISTRIBUTION 1970	
	MALE	FEMALE
PROFESSIONAL, TECHNICAL, KINDRED	9.09	10.76
FARMERS, FARM MANAGERS	5.35	.32
NON FARM MANAGERS, OFFICE PROP.	8.90	2.91
CLERICAL AND KINDRED	5.18	24.08
SALES WORKERS	5.01	5.65
CRAFT FOREMAN & KINDRED	22.46	2.63
OPERATIVES & KINDRED	26.43	26.92
SERVICE EXCEPT PRIVATE HOUSEHOLD	6.35	17.43
FARM LABOR & FOREMAN	1.52	.38
LABOR EXCEPT FARM & MINE	5.28	.87
HOME MAKER	.05	3.03
NOT REPORTED	4.44	5.08

POPULATION CHARACTERISTICS BY REGION

REGION VI

YEAR	TOTAL POPULATION OF REGION	PERCENTAGE OF STATE POPULATION
1970	472,600	9.11%
1976 (Estimate)	478,100	8.92
1985 (Projected)	502,200	8.62

POPULATION DENSITY (1970)			
Land Area Per Square Mile:	2,680.0	Urban Population:	61.1%
Population Per Square Mile:	176.3	Rural Population:	38.9%

POPULATION CHARACTERISTICS (1970)	PERCENTAGE DISTRIBUTION IN REGION	PERCENTAGE DISTRIBUTION OF STATE
BY RACE:		
WHITE	95.52	9.37
BLACK	4.26	5.63
OTHER	.24	6.86
BY SEX:		
MALE	48.78	9.11
FEMALE	51.23	9.10

AGE GROUP	PERCENTAGE DISTRIBUTION 1970		PERCENTAGE DISTRIBUTION 1985	
	MALE	FEMALE	MALE	FEMALE
0-4	9.40	8.42	9.38	8.76
5-13	18.86	17.24	16.21	14.68
14-19	12.04	11.70	7.98	7.02
20-24	8.31	8.81	9.23	8.56
25-34	12.82	12.19	17.81	18.23
35-54	22.19	22.19	22.24	21.84
55-64	8.61	8.85	8.60	9.04
65-74	5.04	6.20	5.63	6.99
75+	2.80	4.49	2.57	5.05

EMPLOYMENT FIELD	PERCENTAGE DISTRIBUTION 1970	
	MALE	FEMALE
PROFESSIONAL, TECHNICAL, KINDRED	9.12	12.21
FARMERS, FARM MANAGERS	2.82	.38
NON FARM MANAGERS, OFFICE PROP.	7.80	2.48
CLERICAL AND KINDRED	4.98	27.33
SALES WORKERS	4.97	6.99
CRAFT FOREMAN & KINDRED	22.25	1.73
OPERATIVES & KINDRED	31.15	21.20
SERVICE EXCEPT PRIVATE HOUSEHOLD	6.63	18.04
FARM LABOR & FOREMAN	.80	.27
LABOR EXCEPT FARM & MINE	5.86	1.34
HOME MAKER	.05	3.18
NOT REPORTED	3.63	4.60

POPULATION CHARACTERISTICS BY REGION

REGION VII

YEAR	TOTAL POPULATION OF REGION	PERCENTAGE OF STATE POPULATION
1970	216,675	4.18%
1976 (Estimate)	217,200	4.07
1985 (Projected)	221,200	3.80

POPULATION DENSITY (1970)			
Land Area Per Square Mile:	216,675.0	Urban Population:	51.1%
Population Per Square Mile:	89.0	Rural Population:	48.9%

POPULATION CHARACTERISTICS (1970)	PERCENTAGE DISTRIBUTION IN REGION	PERCENTAGE DISTRIBUTION OF STATE
BY RACE:		
WHITE	96.95	4.36
BLACK	2.81	1.70
OTHER	.26	3.44
BY SEX:		
MALE	48.51	4.16
FEMALE	51.50	4.20

AGE GROUP	PERCENTAGE DISTRIBUTION 1970		PERCENTAGE DISTRIBUTION 1985	
	MALE	FEMALE	MALE	FEMALE
0-4	7.71	6.94	9.15	8.35
5-13	16.65	14.34	15.53	14.65
14-19	13.03	11.76	7.01	6.44
20-24	9.35	8.78	8.96	7.92
25-34	11.35	10.25	20.60	18.13
35-54	21.15	21.51	20.39	18.65
55-64	9.53	10.53	8.39	9.41
65-74	6.95	8.83	6.18	8.73
75+	1.36	6.83	3.83	7.76

EMPLOYMENT FIELD	PERCENTAGE DISTRIBUTION 1970	
	MALE	FEMALE
PROFESSIONAL, TECHNICAL, KINDRED	10.12	13.09
FARMERS, FARM MANAGERS	4.00	.28
NON FARM MANAGERS, OFFICE PROP.	9.25	3.61
CLERICAL AND KINDRED	6.64	30.88
SALES WORKERS	5.62	6.70
CRAFT FOREMAN & KINDRED	20.89	1.92
OPERATIVES & KINDRED	20.93	13.80
SERVICE EXCEPT PRIVATE HOUSEHOLD	8.45	18.80
FARM LABOR & FOREMAN	1.94	.37
LABOR EXCEPT FARM & MINE	7.37	1.31
HOME MAKER	.06	2.65
NOT REPORTED	4.74	6.65

POPULATION CHARACTERISTICS BY REGION

REGION VIII

YEAR	TOTAL POPULATION OF REGION	PERCENTAGE OF STATE POPULATION
1970	1,111,173	21.37%
1976 (Estimate)	1,148,500	21.50
1985 (Projected)	1,283,100	22.02

POPULATION DENSITY (1970)			
Land Area Per Square Mile:	3,072.0	Urban Population:	84.8%
Population Per Square Mile:	361.7	Rural Population:	15.2%

POPULATION CHARACTERISTICS (1970)	PERCENTAGE DISTRIBUTION IN REGION	PERCENTAGE DISTRIBUTION OF STATE
BY RACE:		
WHITE	87.35	20.12
BLACK	12.38	38.42
OTHER	.28	19.34
BY SEX:		
MALE	48.32	21.19
FEMALE	51.69	21.55

AGE GROUP	PERCENTAGE DISTRIBUTION 1970		PERCENTAGE DISTRIBUTION 1985	
	MALE	FEMALE	MALE	FEMALE
0-4	9.48	8.53	9.75	8.74
5-13	20.31	18.45	15.70	14.33
14-19	11.85	10.76	7.96	7.02
20-24	7.24	8.18	9.18	8.50
25-34	13.08	12.81	16.60	16.98
35-54	22.98	22.77	24.59	24.32
55-64	8.12	8.49	8.66	9.06
65-74	4.54	5.89	5.28	6.43
75+	2.43	4.19	2.38	4.73

EMPLOYMENT FIELD	PERCENTAGE DISTRIBUTION 1970	
	MALE	FEMALE
PROFESSIONAL, TECHNICAL, KINDRED	13.46	13.47
FARMERS, FARM MANAGERS	1.41	.10
NON FARM MANAGERS, OFFICE PROP.	10.60	3.23
CLERICAL AND KINDRED	7.52	37.68
SALES WORKERS	7.91	7.15
CRAFT FOREMAN & KINDRED	20.64	1.93
OPERATIVES & KINDRED	20.79	11.89
SERVICE EXCEPT PRIVATE HOUSEHOLD	6.96	15.02
FARM LABOR & FOREMAN	.54	.15
LABOR EXCEPT FARM & MINE	5.20	1.09
HOME MAKER	.06	2.63
NOT REPORTED	4.97	5.72

POPULATION CHARACTERISTICS BY REGION

REGION IX

YEAR	TOTAL POPULATION OF REGION	PERCENTAGE OF STATE POPULATION
1970	149,202	2.88%
1976 (Estimate)	152,300	2.85
1985 (Projected)	156,200	2.81

POPULATION DENSITY (1970)			
Land Area Per Square Mile:	1,591.0	Urban Population:	47.9%
Population Per Square Mile:	93.8	Rural Population:	52.1%

POPULATION CHARACTERISTICS (1970)	PERCENTAGE DISTRIBUTION IN REGION	PERCENTAGE DISTRIBUTION OF STATE
BY RACE:		
WHITE	96.76	3.00
BLACK	3.05	1.28
OTHER	.21	1.93
BY SEX:		
MALE	48.43	2.86
FEMALE	51.58	2.90

AGE GROUP	PERCENTAGE DISTRIBUTION 1970		PERCENTAGE DISTRIBUTION 1985	
	MALE	FEMALE	MALE	FEMALE
0-4	9.41	8.36	10.43	9.22
5-13	19.69	17.58	17.37	15.58
14-19	11.69	10.94	8.50	7.53
20-24	6.49	7.24	9.65	8.95
25-34	11.85	11.44	14.64	14.62
35-54	22.39	22.34	20.65	20.15
55-64	9.32	9.56	9.44	9.76
65-74	5.83	7.12	6.51	8.07
75+	3.42	5.49	3.07	6.22

EMPLOYMENT FIELD	PERCENTAGE DISTRIBUTION 1970	
	MALE	FEMALE
PROFESSIONAL, TECHNICAL, KINDRED	9.69	11.67
FARMERS, FARM MANAGERS	6.75	.62
NON FARM MANAGERS, OFFICE PROP.	8.49	2.96
CLERICAL AND KINDRED	5.68	28.75
SALES WORKERS	5.18	7.03
CRAFT FOREMAN & KINDRED	19.79	1.99
OPERATIVES & KINDRED	27.18	18.62
SERVICE EXCEPT PRIVATE HOUSEHOLD	5.77	18.63
FARM LABOR & FOREMAN	2.35	.59
LABOR EXCEPT FARM & MINE	5.30	1.02
HOME MAKER	.04	3.87
NOT REPORTED	3.84	4.32

POPULATION CHARACTERISTICS BY REGION

REGION X

YEAR	TOTAL POPULATION OF REGION	PERCENTAGE OF STATE POPULATION
1970	161,944	3.12%
1976 (Estimate)	171,600	3.24
1985 (Projected)	193,200	3.32

POPULATION DENSITY (1970)			
Land Area Per Square Mile:	1,784.0	Urban Population:	42.0%
Population Per Square Mile:	90.8	Rural Population:	58.0%

POPULATION CHARACTERISTICS (1970)		PERCENTAGE DISTRIBUTION IN REGION	PERCENTAGE DISTRIBUTION OF STATE
BY RACE:			
	WHITE	98.40	3.31
	BLACK	.98	.45
	OTHER	.64	6.44
BY SEX:			
	MALE	48.96	3.14
	FEMALE	51.05	3.11

AGE GROUP	PERCENTAGE DISTRIBUTION 1970		PERCENTAGE DISTRIBUTION 1985	
	MALE	FEMALE	MALE	FEMALE
0-4	8.28	7.64	8.90	7.93
5-13	15.92	14.67	14.61	13.22
14-19	13.37	13.27	9.35	8.76
20-24	13.41	13.39	14.99	12.68
25-34	13.94	12.92	16.71	16.10
35-54	19.35	19.57	19.08	21.23
55-64	7.50	8.02	8.24	8.76
65-74	5.24	6.32	5.31	6.65
75+	3.07	4.29	2.89	4.78

EMPLOYMENT FIELD	PERCENTAGE DISTRIBUTION 1970	
	MALE	FEMALE
PROFESSIONAL, TECHNICAL, KINDRED	17.71	15.71
FARMERS, FARM MANAGERS	2.62	.18
NON FARM MANAGERS, OFFICE PROP.	8.25	2.94
CLERICAL AND KINDRED	6.27	28.08
SALES WORKERS	5.22	6.10
CRAFT FOREMAN & KINDRED	19.97	3.38
OPERATIVES & KINDRED	19.72	17.12
SERVICE EXCEPT PRIVATE HOUSEHOLD	7.94	16.69
FARM LABOR & FOREMAN	.82	.17
LABOR EXCEPT FARM & MINE	6.55	.98
HOME MAKER	.08	3.10
NOT REPORTED	4.91	5.59

POPULATION CHARACTERISTICS BY REGION

REGION XI

YEAR	TOTAL POPULATION OF REGION	PERCENTAGE OF STATE POPULATION
1970	141,458	2.73%
1976	(Estimate) 148,300	2.80
1985	(Projected) 164,300	2.82

POPULATION DENSITY (1970)			
Land Area Per Square Mile:	1,988.0	Urban Population:	38.2
Population Per Square Mile:	71.2	Rural Population:	61.8

POPULATION CHARACTERISTICS (1970)	PERCENTAGE DISTRIBUTION IN REGION	PERCENTAGE DISTRIBUTION OF STATE
BY RACE:		
WHITE	99.20	2.92
BLACK	.65	.26
OTHER	.17	1.45
BY SEX:		
MALE	48.90	2.74
FEMALE	51.11	2.72

AGE GROUP	PERCENTAGE DISTRIBUTION 1970		PERCENTAGE DISTRIBUTION 1985	
	MALE	FEMALE	MALE	FEMALE
0-4	9.98	9.06	10.55	9.42
5-13	20.37	19.11	17.72	15.89
14-19	11.32	10.54	8.81	7.81
20-24	6.36	7.61	9.43	8.83
25-34	13.68	13.34	14.14	15.16
35-54	21.86	21.48	23.48	23.56
55-64	8.30	8.43	8.11	8.52
65-74	5.07	6.08	5.25	6.49
75+	3.13	4.42	2.54	4.47

EMPLOYMENT FIELD	PERCENTAGE DISTRIBUTION 1970	
	MALE	FEMALE
PROFESSIONAL, TECHNICAL, KINDRED	9.50	12.33
FARMERS, FARM MANAGERS	5.43	.42
NON FARM MANAGERS, OFFICE PROP.	9.11	3.30
CLERICAL AND KINDRED	5.37	28.58
SALES WORKERS	4.77	6.49
CRAFT FOREMAN & KINDRED	20.47	1.98
OPERATIVES & KINDRED	27.32	17.02
SERVICE EXCEPT PRIVATE HOUSEHOLD	6.02	19.76
FARM LABOR & FOREMAN	1.70	.58
LABOR EXCEPT FARM & MINE	5.75	1.32
HOME MAKER	.10	3.35
NOT REPORTED	4.52	4.97

POPULATION CHARACTERISTICS BY REGION

REGION XII

YEAR	TOTAL POPULATION OF REGION	PERCENTAGE OF STATE POPULATION
1970	88,169	1.70%
1976 (Estimate)	92,800	1.76
1985 (Projected)	102,200	1.76

POPULATION DENSITY (1970)			
Land Area Per Square Mile:	1,422.0	Urban Population:	33.0%
Population Per Square Mile:	62.0	Rural Population:	67.0%

POPULATION CHARACTERISTICS (1970)		PERCENTAGE DISTRIBUTION IN REGION	PERCENTAGE DISTRIBUTION OF STATE
BY RACE:			
	WHITE	99.09	1.82
	BLACK	.75	.19
	OTHER	.18	.97
BY SEX:			
	MALE	48.75	1.70
	FEMALE	51.26	1.70

AGE GROUP	PERCENTAGE DISTRIBUTION 1970		PERCENTAGE DISTRIBUTION 1985	
	MALE	FEMALE	MALE	FEMALE
0-4	8.81	8.54	10.29	9.42
5-13	19.36	11.68	17.45	15.89
14-19	11.77	11.02	8.53	7.81
20-24	6.43	7.12	9.84	8.83
25-34	13.64	11.16	14.69	15.16
35-54	21.92	22.09	19.73	23.56
55-64	9.62	9.54	9.09	8.52
65-74	6.58	7.26	6.64	6.46
75+	3.95	5.66	3.93	4.47

EMPLOYMENT FIELD	PERCENTAGE DISTRIBUTION 1970	
	MALE	FEMALE
PROFESSIONAL, TECHNICAL, KINDRED	8.28	11.19
FARMERS, FARM MANAGERS	6.80	.75
NON FARM MANAGERS, OFFICE PROP.	8.51	3.00
CLERICAL AND KINDRED	5.04	23.98
SALES WORKERS	3.77	5.82
CRAFT FOREMAN & KINDRED	21.63	3.89
OPERATIVES & KINDRED	25.92	20.40
SERVICE EXCEPT PRIVATE HOUSEHOLD	5.92	19.07
FARM LABOR & FOREMAN	1.07	.79
LABOR EXCEPT FARM & MINE	8.14	1.42
HOME MAKER	.05	2.94
NOT REPORTED	4.93	6.60

POPULATION CHARACTERISTICS BY REGION

REGION XIII

YEAR	TOTAL POPULATION OF REGION	PERCENTAGE OF STATE POPULATION
1970	407,500	7.85%
1976 (Estimate)	411,900	7.70
1985 (Projected)	429,400	7.37

POPULATION DENSITY (1970)			
Land Area Per Square Mile:	4,381.0	Urban Population:	57.1%
Population Per Square Mile:	93.0	Rural Population:	42.9%

POPULATION CHARACTERISTICS (1970)		PERCENTAGE DISTRIBUTION IN REGION	PERCENTAGE DISTRIBUTION OF STATE
BY RACE:			
	WHITE	96.85	8.19
	BLACK	3.00	3.42
	OTHER	.17	4.14
BY SEX:			
	MALE	48.24	7.77
	FEMALE	51.77	7.93

AGE GROUP	PERCENTAGE DISTRIBUTION 1970		PERCENTAGE DISTRIBUTION 1985	
	MALE	FEMALE	MALE	FEMALE
0-4	8.83	7.45	9.61	9.18
5-13	19.40	17.22	16.10	16.50
14-19	12.19	11.07	7.92	7.32
20-24	6.62	7.13	9.68	8.72
25-34	11.49	11.13	15.47	14.76
35-54	22.05	22.52	21.44	19.65
55-64	9.66	10.18	9.22	9.47
65-74	6.50	7.78	6.83	7.64
75+	3.78	5.60	3.81	5.74

EMPLOYMENT FIELD	PERCENTAGE DISTRIBUTION 1970	
	MALE	FEMALE
PROFESSIONAL, TECHNICAL, KINDRED	9.61	12.74
FARMERS, FARM MANAGERS	5.07	.36
NON FARM MANAGERS, OFFICE PROP.	9.62	3.39
CLERICAL AND KINDRED	5.58	26.69
SALES WORKERS	5.90	7.07
CRAFT FOREMAN & KINDRED	21.35	2.95
OPERATIVES & KINDRED	24.81	16.20
SERVICE EXCEPT PRIVATE HOUSEHOLD	6.47	20.36
FARM LABOR & FOREMAN	1.71	.34
LABOR EXCEPT FARM & MINE	5.64	1.20
HOME MAKER	.07	3.78
NOT REPORTED	4.22	4.97

POPULATION CHARACTERISTICS BY REGION

REGION XIV

YEAR	TOTAL POPULATION OF REGION	PERCENTAGE OF STATE POPULATION
1970	213,344	4.11%
1976 (Estimate)	229,700	4.34
1985 (Projected)	261,800	4.50

POPULATION DENSITY (1970)			
Land Area Per Square Mile:	2,438.0	Urban Population:	52.1%
Population Per Square Mile:	37.5	Rural Population:	47.9%

POPULATION CHARACTERISTICS (1970)	PERCENTAGE DISTRIBUTION IN REGION	PERCENTAGE DISTRIBUTION OF STATE
BY RACE:		
WHITE	97.17	4.31
BLACK	2.70	1.61
OTHER	.15	1.91
BY SEX:		
MALE	48.73	4.11
FEMALE	51.28	4.11

AGE GROUP	PERCENTAGE DISTRIBUTION 1970		PERCENTAGE DISTRIBUTION 1985	
	MALE	FEMALE	MALE	FEMALE
0-4	9.11	8.26	9.94	8.84
5-13	19.90	18.35	17.12	15.41
14-19	11.74	11.02	8.28	7.46
20-24	6.77	7.75	9.43	8.75
25-34	12.45	12.23	14.67	15.22
35-54	22.46	22.49	22.20	21.95
55-64	8.74	8.88	8.80	9.34
65-74	5.63	6.61	6.26	7.92
75+	3.28	4.48	3.44	5.84

EMPLOYMENT FIELD	PERCENTAGE DISTRIBUTION 1970	
	MALE	FEMALE
PROFESSIONAL, TECHNICAL, KINDRED	7.80	10.46
FARMERS, FARM MANAGERS	3.76	.34
NON FARM MANAGERS, OFFICE PROP.	8.46	3.46
CLERICAL AND KINDRED	6.42	31.01
SALES WORKERS	5.04	6.25
CRAFT FOREMAN & KINDRED	22.78	2.47
OPERATIVES & KINDRED	27.10	21.95
SERVICE EXCEPT PRIVATE HOUSEHOLD	5.96	14.67
FARM LABOR & FOREMAN	1.18	.46
LABOR EXCEPT FARM & MINE	6.96	1.71
HOME MAKER	.04	2.77
NOT REPORTED	4.56	4.52

APPENDIX F

CHART V A

RANK ORDER OF LEADING CAUSES OF DEATH IN INDIANA BY REGION

CHART VA. RANK ORDER OF LEADING CAUSES OF DEATH IN INDIANA BY REGION (1976)

RANK	REGION I	REGION II	REGION III	REGION IV	REGION V	REGION VI	REGION VII	REGION VIII	REGION IX	REGION X	REGION XI	REGION XII	REGION XIII	REGION XIV
1	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease
2	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer
3	Cerebro-vascular	Cerebro-vascular	Cerebro-vascular	Cerebro-vascular	Cerebro-vascular	Cerebro-vascular	Cerebro-vascular	Cerebro-vascular	Cerebro-vascular	Cerebro-vascular	Cerebro-vascular	Cerebro-vascular	Cerebro-vascular	Cerebro-vascular
4	Accidents (non-vehicle)	Arterial Diseases	Arterial Diseases	Arterial Diseases	Arterial Diseases	Arterial Diseases	Arterial Diseases	Arterial Diseases	Arterial Diseases	Accidents (non-vehicle)	Pneumonia	Arterial Diseases	Arterial Diseases	Pneumonia
5	Arterial Diseases	Accidents (non-vehicle)	Motor Veh. Accidents	Accidents (non-vehicle)	Motor Veh. Accidents	Motor Veh. Accidents	Accidents (non-vehicle)	Accidents (non-vehicle)	Accidents (non-vehicle)	Arterial Diseases	Accidents (non-vehicle)	Accidents (non-vehicle)	Accidents (non-vehicle)	Motor Veh. Accidents
6	Motor Veh. Accidents	Motor Veh. Accidents	Accidents (non-vehicle)	Motor Veh. Accidents	Pneumonia	Accidents (non-vehicle)	Motor Veh. Accidents	Motor Veh. Accidents	Motor Veh. Accidents	Motor Veh. Accidents	Motor Veh. Accidents	Motor Veh. Accidents	Motor Veh. Accidents	Accidents (non-veh)
7	Diabetes	Pneumonia	Diabetes	Pneumonia	Accidents (non-vehicle)	Pneumonia	Pneumonia	Pneumonia	Diabetes	Pneumonia	Arterial Diseases	Diabetes	Pneumonia	Arterial Diseases
8	Pneumonia	Diabetes	Pneumonia	Diabetes	Diabetes	Diabetes	Diabetes	Diabetes	Pneumonia	Diabetes	Diabetes	Pneumonia	Diabetes	Diabetes
9	Perinatal Mortality	Perinatal Mortality	Periantal Mortality	Emphysema	Emphysema	Suicide	Emphysema	Perinatal Mortality	Emphysema	Emphysema	Suicide	Perinatal Mortality	Emphysema	Perinatal Mortality
10	Suicide	Suicide	Suicide	Perinatal Mortality	Suicide	Emphysema	Perinatal Mortality	Suicide	Suicide	Suicide	Perinatal Mortality	Suicide	Suicide	Suicide
11	Emphysema	Emphysema	Emphysema	Suicide	Perinatal Mortality	Perinatal Mortality	Suicide	Emphysema	Periantal Mortality	Perinatal Mortality	Emphysema	Emphysema	Perinatal	Emphy-sema

APPENDIX G

CHART V B

RANK ORDER OF LEADING COMMUNICABLE DISEASE PREVALENCE
FOR GENERAL TYPES OF SUBJECT MATTER BY REGION

CHART VB. RANK ORDER OF LEADING COMMUNICABLE DISEASE PREVALENCE IN INDIANA BY REGION (1975)

RANK (Reported in % of State Prevalence)	REGION I	REGION II	REGION III	REGION IV	REGION V	REGION VI	REGION VII	REGION VIII	REGION IX	REGION X	REGION XI	*REGION XII	*REGION XIII	*REGION XIV
1	Rubella	Gonorrhea	Impetigo	Impetigo	Scarlet Fever	Mumps	Pneumonia	Syphilis	Strep Throat	Strep Throat	Impetigo	Influenza	Influenza	Influenza
2	Syphilis	Hepatitis	Gonorrhea	Chicken Pox	Chicken Pox	Hepatitis	Chicken Pox	Pneumonia	Impetigo	Pneumonia	Scarlet Fever	Strep Throat	Strep Throat	Strep Throat
3	Gonorrhea	Syphilis	Hepatitis	Rubella	Influenza	Chicken Pox	Rubella	Gonorrhea	Scarlet Fever	Scarlet Fever	Pneumonia	Impetigo	Gonorrhea	Pneumonia
4	Scarlet Fever	Rubella	Influenza	Strep Throat	Mumps	Impetigo	Gonorrhea	Influenza	Chicken Pox	Influenza	Hepatitis	Gonorrhea	Mumps	Mumps
5	Influenza	Chicken Pox	Chicken Pox	Influenza	Impetigo	Gonorrhea	Hepatitis	Hepatitis	Rubella	Chicken Pox	Influenza	Pneumonia	Chicken Pox	Chicken Pox
6	Chicken Pox	Scarlet Fever	Strep Throat	Mumps	Strep Throat	Syphilis	Scarlet Fever	Strep Throat	Hepatitis	Gonorrhea	Rubella	Hepatitis	Rubella	Impetigo
7	Mumps	Impetigo	Pneumonia	Scarlet Fever	Hepatitis	Influenza	Influenza	Impetigo	Influenza	Syphilis	Mumps	Scarlet Fever	Rubeola	Scarlet Fever
8	Impetigo	Mumps	Rubella	Hepatitis	Rubella	Scarlet Fever	Syphilis	Chicken Pox	Pneumonia	Hepatitis	Chicken	Syphilis	Impetigo	Gonorrhea
9	Strep Throat	Pneumonia	Scarlet Fever	Pneumonia	Gonorrhea	Rubella	Strep Throat	Scarlet Fever	Gonorrhea	Mumps	Strep Throat	Rubella	Scarlet Fever	Hepatitis
10	Hepatitis	Strep Throat	Mumps	Syphilis	Syphilis	Strep Throat	Impetigo	Mumps	Mumps	Rubella	Syphilis	Chicken Pox	Syphilis	Rubeola
11	Pneumonia	Influenza	Syphilis	Gonorrhea	Pneumonia	Pneumonia	Mumps	Rubella	Syphilis	Impetigo	Gohorrhea	Rubeola	Pneumonia	Rubella

*Reported according to number of reported cases (% of State Prevalence unavailable).

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APPENDIX H

CHART VI

ANALYSIS OF AVAILABLE HUMAN AND CLINICAL RESOURCES
FOR GENERAL TYPES OF SUBJECT MATTER BY REGION

CHART VI ANALYSIS OF AVAILABLE HUMAN AND CLINICAL RESOURCES FOR GENERAL TYPES OF SUBJECT MATTER BY REGION (1978)

KEY: Int: Interdisciplinary
S: Secondary
NA: Not Applicable

PRIMARY AVAILABILITY							SECONDARY AVAILABILITY						
Region	General Types of Subject Matter	Available Faculty			Available Clinical Facilities		General Types of Subject Matter	Available Faculty			Available Clinical Facilities		
		Adults	Peds	Int	Adults	Peds		Adults	Peds	Int	Adults	Peds	
Region I	Respiratory - Medical	X	X		S	S	Respiratory - Surgical	X	X		S	S	
	Cardiovascular - Medical	X	X		S	S	Cardiovascular Surgical	X	X		S	S	
	Renal Problems	X	X		S	S	Congenital Heart Disorders	X	X				
	Burns	X	X		S	S	Hematologic	X	X				
	Endocrine - Medical	X	X		S	S	Male Reproductive System	X	X				
	Nervous System - Medical	X	X		S	S	Mouth, Neck, Esophagus - Medical & Surgical	X	X				
	Oncology	X	X		S	S	Allergy	X	X				
	Family Planning	X	X	X	X	X	Gastric - Medical	X	X				
	Normal Pregnancy and Delivery	X			S		Gastric - Surgical	X	X		S		
	Psych/Mental Health	X			S		Intestinal - Medical	X	X				
	Pain	X	X	S	S	S	Intestinal - Surgical	X	X		S	S	
	Body Image	X	X	X	S	S	Liver and Biliary Tract - Medical	X	X				
	Observation/Communication Skills	X	X	X	S	S	Liver and Biliary Tract - Medical & Surg.	X	X		S		
	Interpersonal relations	X	X	X			Dermatologic Problems	X	X				
	Nursing Audit	X	X				Plastic reconstructive surgery	X	X		S	S	
	Patient Teaching	X	X		S		Endocrine - Surgical	X	X				
	Behavior Modification	X	X	X			Ear and Mastoid - Medical and Surgical	X	X				
	Fear and Anxiety	X	X				Eye - Medical and Surgical	X	X				
	Depression	X	X				Nervous System - Surgical	X	X		S	S	
	Death & Dying	X	X	X			Musculoskeletal System - Medical & Surgical	X	X		S	S	
	Counselling Techniques	X	X	X			Communicable Diseases		X				
	Nursing Process	X	X				Emergency and Disaster conditions	X	X				
	Substance Abuse	X	X	X	S		Gyn - Medical and Surgical	X	X		S		
	Suicide	X	X	X			Breasts - Medical	X					
	Venereal Diseases	X	X	X	S		Breasts - Surgical	X			S		
	Bioethics	X	X	X			Genetic Counselling	X	X				
	Abortion	X		X	X		Coping	X	X				
	Legal Aspects	X	X	X			Sensory Deprivation	X	X	X			
	Values Clarification-Substance Abuse	X	X	X	S		Group Process	X	X				
	Values Clarification-Suicide	X	X	X			Accident and Disease Prevention	X	X				
	Values Clarification-Death	X	X				Growth and Development through Life Span	X	X			S	
	Values Clarification-Sexuality	X	X	X			Ethnic concerns in Nursing	X	X				
	Values Clarification-Process	X					Teaching/Learning Strategies	X	X	X	NA	NA	
	Business administration	X	X	X	NA	NA	Evaluation	X	X	X	NA	NA	
	Principles of Adult Education	X	X		NA	NA	Curriculum development	X	X	X	NA	NA	
	Legislation	X	X	X	NA	NA							

Region	PRIMARY AVAILABILITY: General Types of Subject Matter	Available Faculty: Adults	Peds	Int	Available Clinical Facilities: Adults	Peds
Region II	Respiratory - Medical	X	S	X	X	S
	Respiratory - Surgical	X	S	X	X	
	Cardiovascular - Medical	X	S	X	X	
	Endocrine - Medical	X	S	S	X	S
	Musculoskeletal-Medical & Surgical	X	X	S	X	X
	Geriatrics	X		X	X	
	Critical Care Nursing	X	S	S	X	S
	Physical assessment	X	S		S	S
	Patient Teaching	X	X	S	X	X
	Fear and Anxiety	X	S	X		
	Depression	X		X	X	
	Death and Dying	X		X	X	S
	Pain	X		X	X	
	Body Image	X	X	S	X	X
	Counselling Techniques	X	X	X	X	X
	Observation/Communications Skills	X	X	X	X	X
	Interpersonal Relations	X	X	X	X	X
	Group Process	X		X	X	
	Nursing Process	X	X		X	X
	Pharmacology	X	X	X	X	X
	Substance Abuse			X	X	
	Suicide	X		S	X	X
	Battered Child Syndrome	X	X	X		X
	Values clarification re: sexuality	X	X	X	NA	NA
	Teaching/Learning strategies	X	X	X	NA	NA
	Human Relations	X	X	X	NA	NA
	Administrative Theory	X	X	X	NA	NA
	Principles of Adult Education	X	X	X	NA	NA
	Teaching/Learning strategies	X	X	X	NA	NA
Region IV	Cardiovascular--Medical & Surgical	X		S	X	
	Hematologic	X			X	X
	Emergency and Disaster	X		X	X	X
	Oncology	X		X	X	X
	Family Planning	X		S	X	
	Genetic Counselling	X		S	X	
	Normal Pregnancy and Delivery	X	X	S	X	
	Complications of Pregnancy	X		S	X	

Region	SECONDARY AVAILABILITY: General Types of Subject Matter	Available Faculty: Adults	Peds	Int	Available Clinical Facilities: Adults	Peds
	Congenital Heart Disorders	S	S			
	Cardiovascular - Surgical	X	X	S	X	
	Hematologic	X	X	S	X	X
	Renal Problems	X	S		X	
	Dialysis	X		X	X	
	Renal Transplant/Fluid Balance	X			X	
	Renal Harvesting	X				
	Male Reproductive System	X			X	
	Mouth, Neck, Esophagus- Surgical	X	S	X	X	X
	Gastric - Surgical	X		X	X	
	Intestinal - Surgical	X				
	Allergy	X	X	X	X	X
	Eye Medical and Surgical	X	S		X	S
	Ear/Mastoid - Medical and Surgical	X	S	S	X	S
	Musculoskeletal - Medical and Surgical	X	X	X	X	X
	Gyn/Reproductive - Medical and Surgical	X		S	X	
	Breasts - Medical and Surgical	X		X	X	
	Family Planning	X	S	X	X	S
	Genetic Counselling	X		X	X	
	Normal Pregnancy and Delivery	X	S		X	S
	High Risk Pregnancy & complications of Preg.	X	S		X	S
	Normal Newborn		X			X
	High Risk Newborn		X			X
	Stress/Coping	X	X	X	X	X
	Sensory Deprivation	X	X	X	X	X
	Rehabilitation	X	X	X	X	X
	Growth and Development through Life Span	X	X	X	X	X
	Ethnic concerns in Nursing	X		S	X	X
	Venereal Diseases	X	X		X	X
	Bioethics	X	X	X		
	Legal Aspects	X	X	S		
	Evaluation of Nursing Outcomes	X	X	S	NA	NA
	Business Administration	X	X	X	NA	NA
	Innovations in Nursing Administration	X	X	X	NA	NA
	Change Theories - Nsg. Administration & Educ	X	X	X	NA	NA
	Evaluation - Nursing Education	X	X	X	NA	NA
	Curriculum Development	X	X	X	NA	NA
	Respiratory--Medical and Surgical	X	X	S	X	S
	Renal Problems	X			S	
	Dialysis	X			S	
	Renal Transplant/Fluid Balance	X				
	Renal Harvesting	X				
	Male Reproductive System	X			X	
	Gastric--Medical and Surgical	X		S	X	
	Intestinal--Medical and Surgical	X		S	X	

Region	PRIMARY AVAILABILITY: General Types of Subject Matter	Available Faculty: Adults	Peds	Int	Available Clinical Facilities: Adults	Peds
Region IV CONT'D.	Normal Newborn		X	S		X
	Geriatric Nursing	X		X	X	
	Community Health Nursing	X		S	X	
	Psych/Mental Health	X		X	X	
	Physical Assessment	X			X	
	Patient Teaching	X			X	
	Stress/Coping	X		S	X	
	Behavior Modification	X		X	X	
	Environmental Health	X		S	X	
	Fear and Anxiety	X		S	X	
	Depression	X		S	X	
	Death and Dying	X		S	X	
	Pain	X		S	X	
	Body Image	X		X	X	
	Sensory Deprivation	X		X	X	
	Counselling Techniques	X		S	X	
	Observation/Communication Skills	X		X	X	
	Interpersonal Relations	X		S	X	
	Group Process	X		X	X	
	Nutrition	X		X	X	
	Rehabilitation	X		S	X	
	Accident and Disease Prevention	X		S	X	
	Nursing Process	X		S	X	
	Pharmacology	X		X	X	
	Growth and Development through Life Span	X	X	X	X	
	Substance Abuse	X		S	X	
	Suicide	X		S	X	
	Venereal Diseases	X		S		
	Abortion	X		S	S	
	Battered Child Syndrome		X	S	S	S
	Bioethics	X		S	X	
	Legal Aspects	X		S	X	
	Values Clarification-Suicide	X	X	X	X	
	Values Clarification-Substance Abuse	X	X	X	X	
	Values Clarification-Today's Youth	X	X	X	NA	NA
	Values Clarification-Death	X	X	X	NA	NA
	Values Clarification-Sexuality	X	X	X	NA	NA
	Values Clarification-Process	X	X	X	NA	NA
	Teaching/Learning Strategies	X	X	X	X	
	Evaluation of Nursing Outcomes	X	X		NA	
	Legislation	X	X	X	NA	
	Human Relations	X	X	X	NA	
	Evaluation-Nursing Education	X	X	X	NA	
	Curriculum Development	X	X	X	NA	
	Administrative Theory, Process, Policy (for Nsg. Education)					
	Change Theories	X	X	X	NA	
	Political Power	X	X	X	NA	

SECONDARY AVAILABILITY: General Types of Subject Matter	Available Faculty: Adults	Peds	Int	Available Clinical Facilities: Adults	Peds
Liver/Biliary Tract--Medical and Surgical	X		S	X	
Allergy	X	X	X	X	X
Endocrine Disorders--Medical and Surgical	X	X	S	X	
Eye - Medical and Surgical	X	X		X	X
Ear/Mastoid - Medical and Surgical	X	X		X	X
Nervous System - Medical and Surgical	X	X		X	X
Reproductive System - Medical and Surgical	X			X	
Breasts - Medical and Surgical	X			X	
Pediatrics - Medical and Surgical		X			X
Primary Health Care	X			X	
Principles of Adult Education	X	X	X	NA	NA
Business Administration	X	X	X	NA	NA
Innovations - Nursing Administration	X	X		NA	NA
Administrative Theory	X	X	X	NA	NA

PRIMARY AVAILABILITY							SECONDARY AVAILABILITY					
Region	General Types of Subject Matter	Available Faculty			Available Clinical Facilities		General Types of Subject Matter	Available Faculty			Available Clinical Facilities	
		Adults	Peds	Int	Adults	Peds		Adults	Peds	Int	Adults	Peds
Region V	Renal Problems	X	X	X	X	S	Respiratory--Medical and Surgical	X	X	X	X	X
	Male Reproductive System	X	X	X	X	S	Cardiovascular--Medical and Surgical	X	X	X	X	X
	Ear/Mastoid--Medical and Surgical	X	X	X	X	S	Mouth, Neck, Esophagus--Medical and Surgica	X	X	X	X	X
	Musculoskeletal--Medical & Surgical	X	X	X	X	X	Gastric--Medical and Surgical	X	X	X	X	X
	Communicable Diseases	X	X	X	S	S	Intest[illegible]edical and Surgical	X	X	X	X	X
	Emergency & Disaster Conditions	X	X	X	X	X	Liver, Biliary--Medical and Surgical	X	X	X	X	X
	Oncology	X	X	X	X	S	Burns	X	X	X		
	Reproductive System-Medical & Surg.	X		X	X	X	Endocrine--Medical and Surgical	X	X	X	X	X
	Breasts--Medical and Surgical	X		X	X	X	Eye--Medical and Surgical	X	X	X	X	
	Family Planning	X		X	X		Nervous System -- Medical	X		X	X	X
	Normal Pregnancy & Delivery	X		X	X		Nervous System -- Surgical	X		X	X	
	Complications of Pregnancy & Deliv.	X		X	X		High Risk Pregnancy	X		X		
	Normal Newborn		X	X		X	Bioethics	X	X	X		
	Pediatrics--Medical and Surgical		X	X		X	Legal Aspects	X	X	X	X	X
	Geriatrics	X		X	X		Values Clarification-Today's Youth	X	X	X	NA	
	Psych/Mental Health	X	X	X	X	X	Values Clarification-Process	X	X	X	NA	
	Critical Care Nursing	X	X	X	X	X	Evaluation of Nursing Outcomes	X	X	X	NA	
	Physical Assessment	X	X	X	X	X	Business Administration	X	X	X	NA	
	Patient Teaching	X	X	X	X	X	Innovations in Nursing Administration	X	X	X	NA	
	Stress/Coping	X	X	X	X	X	Human Relations in Nursing Administration	X	X	X	NA	
	Behavior Modification	X	X	X	X	X	Administrative Theory	X	X	X	NA	
	Environmental Health	X	X	X	X	X						
	Primary Health Care	X	X	S	X	X						
	Fear and Anxiety	X		X	X							
	Depression	X		X	X							
	Death and Dying	X		X	X							
	Pain	X		X	X							
	Body Image	X		X	X							
	Sensory Deprivation	X		X	X							
	Counselling Techniques	X		X	X							
	Observation/Communications Skills	X	X	X	X	X						
	Interpersonal Relationships	X	X	X	X	X						
	Group Process	X	X	X	X	X						
	Nutrition	X	X	X	X	X						
	Rehabilitation	X		X	X							
	Accident/Disease Prevention	X	X	X	X	X						
	Nursing Process	X	X	S	X	X						
	Growth & Development through Life Span	X	X	X	X	X						
	Ethnic Concerns in Nursing	X	X	X	X	X						
	Substance Abuse	X	X	X	X							
	Suicide	X		X	X							
	Venereal Disease	X		X	X							
	Abortion	X		X								
	Battered Child Syndrome	X	X	X	X	X						
	Values Clarification-Substance Abuse	X	X	X	NA							
	Values Clarification-Suicide	X	X	X	NA							
	Values Clarification-Death	X	X	X	NA							
	Values Clarification-Sexuality	X	X	X	NA							
	Principles of Adult Education	X	X	X	NA							
	Teaching/Learning Strategies	X	X	X	NA							

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Region	PRIMARY AVAILABILITY: General Types of Subject Matter	Available Faculty: Adults	Peds	Int	Available Clinical Facilities: Adults	Peds
Region VI & IX	Respiratory--Medical and Surgical	X	X		X	S
	Cardiovascular--Medical	X	X		X	X
	Cardiovascular--Surgical	X	X		S	X
	Congenital Heart Disorders	X	X		S	
	Hematologic	X	X		X	
	Renal Problems	X	X		X	X
	Male Reproductive System	X	X		X	S
	Intestinal--Medical and Surgical	X	X		S	
	Liver/Biliary--Medical and Surgical	X	S		X	
	Eye--Medical and Surgical	X	X		X	X
	Ear/Mastoid--Medical and Surgical	X	X		X	X
	Nervous System--Medical	X	X		X	X
	Musculoskeletal System - Medical	X	S		S	S
	Musculoskeletal System - Surgical	X	S		X	X
	Reproductive System--Medical & Surg.	X	S		X	S
	Breasts - Medical and Surgical	X	S		X	X
	Family Planning	X			X	
	Normal Pregnancy and Delivery	X			X	
	Complications of Pregnancy	X	S		X	X
	Normal Newborn		X			X
	Pediatrics - Medical		X			
	Pediatrics - Surgical		S			
	Community Health Nursing	X	X		S	S
	Critical Care Nursing	X	X		X	X
	Oncology	X	X		X	X
	Physical Assessment	X	X			
	Patient Teaching	X	X	S	X	X
	Stress/Coping	X	X		X	X
	Behavior Modification	X	X		X	X
	Environmental Health	X	X		X	X
	Primary Health Care	X	X		X	X
	Fear and Anxiety	X			X	
	Depression	X			X	
	Death and Dying	X			X	
	Pain	X			X	
	Body Image	X		S	X	
	Sensory Deprivation	X		S	X	
	Counselling Techniques	X		S	X	
	Observation and Communication Skills	X	X	S	X	X
	Interpersonal Relations	X	X	S	X	X
	Group Process	X	X	S	X	X
	Nutrition	X	X	S	X	X
	Rehabilitation	X		S	X	
	Accident and Disease Prevention	X	X	S	X	X
	Nursing Process	X	X		X	X
	Growth and Development through Life Span	X	X		X	X
	Ethnic Concerns in Nursing	X	X		X	X
	Substance Abuse	X	X		S	S
	Suicide	X	X		S	S
	Venereal Diseases	X	X		S	S

SECONDARY AVAILABILITY: General Types of Subject Matter	Available Faculty: Adults	Peds	Int	Available Clinical Facilities: Adults	Peds
Dialysis	X	X		X	
Renal Transplant	X	X		X	
Mouth, Neck, Esophagus--Medical & Surgical	X			X	
Gastric--Medical and Surgical	X			X	
Dermatologic Problems	X	X		X	X
Burns	X			X	
Allergy	X	X			
Endocrine--Medical	X	X		X	X
Endocrine--Surgical	X	X		X	
Nervous System--Surgical	X	X		X	X
Emergency and Disaster	X	X		X	X
Genetic Counselling	X			X	
High Risk Pregnancy	X			X	
High Risk Newborn	X	X			X
Psych/Mental Health	X			X	
Bioethics	X	X		X	X
Values Clarification-Today's Youth	X	X		NA	NA
Values Clarification-Sexuality	X	X		NA	NA
Values Clarification-Process	X	X		NA	NA

PRIMARY AVAILABILITY							SECONDARY AVAILABILITY						
Region	General Types of Subject Matter	Available Faculty			Available Clinical Facilities		General Types of Subject Matter	Available Faculty			Available Clinical Facilities	
		Adults	Peds	Int	Adults	Peds		Adults	Peds	Int	Adults	Peds
Region VI & IX CONT'D.	Abortion	X			S	S						
	Battered Child Syndrome		X		S	S						
	Legal Aspects	X	X		S	S						
	Values Clarification-Substance Abuse	X	X		NA	NA						
	Values Clarification-Suicide	X	X		NA	NA						
	Values Clarification-Death	X	X		NA	NA						
	Teaching/Learning Strategies	X	X		NA	NA						
	Evaluation of Nursing Outcomes	X	X		NA	NA						
	Business Administration	X	X		NA	NA						
	Human Relations in Nsg. Admin.	X	X		NA	NA						
	Innovations in Nursing Admin.	X	X		NA	NA						
	Administrative Theory, Process, Pol.	X	X		NA	NA						
	Legislation	X	X		NA	NA						
	Principles of Adult Education	X	X		NA	NA						
	Evaluation--Nursing Education	X	X		NA	NA						
	Curriculum Development	X	X		NA	NA						
	Change Theories	X	X		NA	NA						
	Political Power	X	X		NA	NA						
Region VII	Endocrine Disorders--Medical	X	X		X	X						
	Family Planning	X	X		X	X	Respiratory-Medical	X	X	X	X	X
	Normal Pregnancy and Delivery	X	X		X	X	Respiratory-Surgical	X		X	X	X
	Complications of Preg. & Delivery	X	X		X	X	Renal Problems	X			X	
	Normal Newborn		X			X	Renal Harvesting	X			X	X
	Geriatric Nursing	X		X	X		Male Reproductive System	X			X	
	Community Health Nursing	X	X	X	X	X	Mouth, Neck, Esophagus-Medical	X	X		X	
	Psych/Mental Health	X		X	X		Gastric-Medical	X			X	
	Pain	X		S	X	S	Gastric-Surgical	X			X	X
	Body Image	X	X		X	S	Intestinal-Medical	X			X	
	Observation/Communication Skills	X	X	X	X	X	Intestinal-Surgical	X			X	X
	Interpersonal Relations	X	X	X	X	X	Liver & Biliary-Medical and Surgical	X			X	
	Group Process	X		X	X	S	Dermatologic Problems	X	X		X	X
	Nutrition	X	X	X	X	X	Burns				X	X
	Rehabilitation	X	X	X	X	S	Eye-Medical	X	X			
	Accident and Disease Prevention	X	X		X	X	Eye-Surgical	X				
	Nursing Process	X	X		X	X	Nervous System-Medical	X	X		X	X
	Growth & Develop. through Life Span	X	X	X	X	X	Nervous System-Surgical	X			X	
	Patient Teaching	X	X		X	X	Musculoskeletal-Medical and Surgical	X	X		X	
	Coping	X	X		X	X	Communicable Diseases	X	X		X	X
	Fear and Anxiety	X	X		X	X	Emergency and Disaster Conditions	X	X		X	X
	Depression	X	X		X	X	Oncology	X	X		X	X
	Death and Dying	X	X		X	X	Reproductive System--Medical and Surgical	X			X	
	Counselling Techniques	X	X		X	X	Breasts-Medical and Surgical	X			X	
	Substance Abuse	X	X	X	X	X	High Risk Pregnancy	X	X		X	X
	Legal Aspects	X	X	X	X	X	High Risk Newborn		X			X
	Values Clarification-Today's Youth	X	X		NA	NA	Pediatrics-Medical and Surgical		X			X
	Values Clarification-Substance Abuse	X	X		NA	NA	Critical Care Nursing	X	X	X	X	
	Values Clarification-Death	X	X		NA	NA	Physical Assessment	X	X	X	X	X
	Values Clarification-Sexuality	X	X		NA	NA	Stress	X	X		X	X
	Curriculum Development	X	X		NA	NA	Behavior Modification	X	X	X		
							Environmental Health	X	X		X	X
							Primary Health Care	X	X		X	X

PRIMARY AVAILABILITY							SECONDARY AVAILABILITY						
Region	General Types of Subject Matter	Available Faculty			Available Clinical Facilities		General Types of Subject Matter	Available Faculty			Available Clinical Facilities	
		Adults	Peds	Int	Adults	Peds		Adults	Peds	Int	Adults	Peds
Region VII CONT'D.							Sensory Deprivation	X			X	
							Ethnic Concerns in Nursing	X	X		X	X
							Suicide	X	X		X	X
							Venereal Diseases	X	X		X	X
							Abortion	X	X		X	X
							Battered Child Syndrome		X		X	X
							Bioethics	X	X		X	X
							Values Clarification: Suicide	X	X		NA	NA
							Principles of Adult Education	X	X		NA	NA
							Teaching/Learning Strategies	X	X		NA	NA
							Evaluation of Nursing Outcomes	X	X		NA	NA
							Business Administration	X	X		NA	NA
							Innovations in Nursing Administration	X	X		NA	NA
							Human Relations in Nursing Administration	X	X		NA	NA
							Legislation	X	X		NA	NA
							Evaluation-Nursing Education	X	X		NA	NA
							Administrative Theory, Process, Policy in Nursing Education	X	X		NA	NA
							Change Theories	X	X		NA	NA
							Political Power	X	X		NA	NA
Region VIII	Respiratory-Medical and Surgical	X	X	X	X	X	Male Reproductive System	X	X	X	X	X
	Cardiovascular-Medical and Surg.	X	X	X	X	X	Intestinal Tract-Medical and Surgical	X	X	X	X	X
	Congenital Heart Disorders	X	X	X	X	X	Liver and Biliary System-Medical and Surg.	X	X	X	X	X
	Hematological	X	X	X	X	X	Dermatologic Problems	X	X			
	Renal Problems	X	X	X	X	S	Plastic Reconstructive Surgery	X	X	X	X	X
	Dialysis	X	X	X	X	S	Endocrine-Surgical	X	X	X	X	X
	Renal Transplant & Fluid Balance	X	X	X	X	S	Eye-Medical and Surgical	X	X			
	Kidney Harvesting	X	X	X	X	S	Ear/Mastoid-Medical and Surgical	X	X			
	Mouth, Neck, Esophagus-Med. & Surg.	X	X	X	X	X	Reproductive System-Surgical	X				
	Gastric-Medical and Surgical	X	X	X	X	X	Community Health Nursing	X	X	X	X	X
	Burns	X	X	X	X	X	Critical Care Nursing	X	X	X	X	X
	Allergy	X	X	X	X	X	Environmental Health	X	X	X	X	X
	Endocrine-Medical	X	X	X	X	X	Death and Dying	X	X	X	X	X
	Nervous System-Medical & Surgical	X	X	X	X	X	Pain	X		X	X	X
	Musculoskeletal-Medical and Surg.	X	X	X	X	X	Body Image	X	X	X	X	X
	Oncology	X	X	X	X	X	Sensory Deprivation	X		X	X	X
	Breasts-Surgical	X	X	X	X		Rehabilitation	X	X	X	X	X
	Family Planning	X	X	X	X	X	Accident and Disease Prevention	X	X	X		
	Genetic Counselling	X		X	X		Pharmacology	X	X			
	Normal Pregnancy and Delivery	X		X	X		Ethnic Concerns in Nursing	X	X		X	X
	High Risk Pregnancy	X		X	X		Venereal Diseases	X	X		S	S
	Complications of Preg. & Delivery	X		S	X		Values Clarification-Death	X	X		NA	NA
	Normal Newborn		X	X		X	Innovations in Nursing Administration	X	X		NA	NA
	High Risk Newborn		X		S	X	Legislation	X	X		NA	NA
	Pediatrics-Medical and Surgical		X	X		X	Administrative Theory, Policy & Process in Nursing Education	X	X		NA	NA
	Geriatrics	X		X	X		Political Power	X	X	S	NA	NA
	Psych/Mental Health	X	X	X	X	X						
	Physical Assessment	X	X		X	X						
	Patient Teaching	X	X	X	X	X						

PRIMARY AVAILABILITY							SECONDARY AVAILABILITY						
Region	General Types of Subject Matter	Available Faculty			Available Clinical Facilities		General Types of Subject Matter	Available Faculty			Available Clinical Facilities		
		Adults	Peds	Int	Adults	Peds		Adults	Peds	Int	Adults	Peds	
Region VIII CONT'D.	Stress/Coping	X	X	S	X	S							
	Behavior Modification	X	X	X	X	S							
	Primary Health Care	X	X	X	X	X							
	Fear and Anxiety	X	X	X	X	S							
	Depression	X	X	X	X	S							
	Counselling Techniques	X	X	X	X	S							
	Observation and Communications Skills	X	X	X	S	S							
	Interpersonal Relations	X	X	X	S	S							
	Group Process	X	X	S	X	S							
	Nutrition	X	X	X	X	X							
	Nursing Process	X	X		X	X							
	Nursing Audit	X	X		X	X							
	Growth & Develop. through Life Span	X	X	X	X	X							
	Substance Abuse	X	X	X	X	S							
	Suicide	X		X									
	Abortion	X		X									
	Battered Child Syndrome	X	X	X		X							
	Values Clarification-Substance Abuse	X	X	X	NA	NA							
	Values Clarification-Suicide	X	X	X	NA	NA							
	Values Clarification-Sexuality	X	X	X	NA	NA							
	Values Clarification-Process	X	X	S	NA	NA							
	Principles of Adult Education	X	X		NA	NA							
	Teaching/Learning Strategies	X	X		NA	NA							
	Evaluation of Nursing Outcomes	X	X		NA	NA							
	Business Administration	X	X		NA	NA							
	Human Relations	X	X		NA	NA							
	Administrative Theory	X	X		NA	NA							
	Change Theories	X	X		NA	NA							
	Evaluation-Nursing Education	X	X		NA	NA							
	Curriculum Development	X	X		NA	NA							
	Marketing	X	X		NA	NA							
	Accounting	X	X		NA	NA							
Region XI & XII	Cardiovascular-Medical	X	S	S	X		Respiratory-Medical and Surgical	X	X	X	X		
	Endocrine Disorders-Medical	X	X	X	X		Cardiovascular-Surgical	X		X			
	Oncology	X	X		S	S	Congenital Heart Disorders	X	X				
	Normal Pregnancy & Delivery	X			X		Hematology	X	X		X		
	Family Planning	X		X	S	S	Gastric-Medical and Surgical	X	X		X		
	[illegible] Nursing	X			X		Intestinal-Medical and Surgical	X	X		X		
	[illegible] Assessment	X	X		S	S	Liver and Biliary Tract-Med. and Surgical	X	X		X		
	[illegible] Teaching	X	X		X		Dermatologic Problems	X	X				
	[illegible] Coping	X	X				Burns	X	X				
	Fear and Anxiety	X	X				Plastic Reconstructive Surgery	X	X				
	Depression	X	X				Allergy	X	X				
	Death and Dying	X	X				Endocrine-Surgical	X	X				
	Observation and Communication Skills	X	X				Eye-Medical and Surgical	X	X				
	Interpersonal Relations	X	X				Ear/Mastoid-Medical and Surgical	X	X				
	Nutrition	X	X				Nervous System-Medical and Surgical	X	X		X		
	Battered Child Syndrome		X	X			Musculoskeletal-Medical and Surgical	X	X		X		
	Values Clarification-Today's Youth	X	X	X	NA	NA	Emergency and Disaster Conditions	X	X		X		
	Values Clarification-Substance Abuse	X	X	X	NA	NA	Breasts-Medical	X					

PRIMARY AVAILABILITY							SECONDARY AVAILABILITY						
Region	General Types of Subject Matter	Available Faculty			Available Clinical Facilities		General Types of Subject Matter	Available Faculty			Available Clinical Facilities		
		Adults	Peds	Int	Adults	Peds		Adults	Peds	Int	Adults	Peds	
Regions XI & XII CONT'D.	Values Clarification-Suicide	X	X	X			Breasts-Surgical	X			X		
	Values Clarification-Death	X	X	X			Genetic Counselling	X					
	Values Clarification-Sexuality	X	X	X			High Risk Pregnancy	X			X		
	Evaluation of Nursing Outcomes	X	X				Complications of Pregnancy	X			X		
							Normal Newborn		X				X
							High Risk Newborn		X				
							Pediatrics-Medical and Surgical		X				X
							Community Health Nursing	X					
							Psych/Mental Health	X	X		X		
							Behavior Modification	X	X	X			
							Primary Health Care	X	X				
							Pain	X	X				
							Body Image	X	X				
							Sensory Deprivation	X	X				
							Counselling Techniques	X	X	X			
							Group Process	X	X	X			
							Rehabilitation	X	X	X			
							Accident and Disease Prevention	X	X				
							Nursing Process	X	X				
							Growth & Develop. through Life Span	X	X	X			
							Ethnic Concerns in Nursing	X	X	X			
							Substance Abuse	X	X	X			
							Suicide	X	X	X			
							Abortion	X		X			
							Principles of Adult Education	X	X	X	NA	NA	
							Teaching/Learning Strategies	X	X	X	NA	NA	
							Business Administration	X	X	X	NA	NA	
							Innovations in Nursing Administration	X	X	X	NA	NA	
							Legislation	X	X	X	NA	NA	
							Human Relations in Nursing Administration	X	X	X	NA	NA	
							Administrative Theory, Process & Policy	X	X	X	NA	NA	
							Evaluation-Nursing Education	X	X		NA	NA	
							Curriculum Development	X	X		NA	NA	
							Political Power	X	X		NA	NA	
Region XIII	Cardiovascular-Medical	X	X		X	X	Respiratory-Medical and Surgical	X	X		X	X	
	Hematologic	X	X		X	X	Burns	X	X				
	Renal Problems	X	X				Plastic Reconstructive Surgery	X	X		X	X	
	Renal Dialysis	X	X		X		Endocrine-Medical	X	X		X	X	
	Renal Transplant/Fluid Balance	X	X				Communicable Diseases	X	X				
	Renal Harvesting	X	X				Reproductive System-Medical and Surgical	X			X		X
	Male Reproductive System	X	X				High Risk Pregnancy	X			X		
	Mouth, Neck, Esophagus-Med. & Surg.	X	X		S	S	Community Health Nursing	X	X		X		X
	Gastric-Medical and Surgical	X	X		S	S	Physical Assessment	X	X		X		X
	Intestinal-Medical and Surgical	X	X		S	S	Patient Teaching	X	X				
	Liver & Biliary Tract-Med. and Surg.	X	X		S	S	Environmental Health	X	X				
	Allergy	X	X		X	X	Primary Health Care	X	X				
	Nervous System-Medical and Surgical	X	X		S	S	Pain	X	X				
	Musculoskeletal-Medical and Surg.	X	X		X	X	Body Image	X	X				
	Oncology	X	X		X	X	Group Process	X	X				
	Family Planning	X	X	X	X	X	Nutrition	X	X				
							Accident and Disease Prevention	X	X				

PRIMARY AVAILABILITY							SECONDARY AVAILABILITY					
Region	General Types of Subject Matter	Available Faculty			Available Clinical Facilities		General Types of Subject Matter	Available Faculty			Available Clinical Facilities	
		Adults	Peds	Int	Adults	Peds		Adults	Peds	Int	Adults	Peds
Region XIII CONT'D.	Normal Pregnancy and Delivery	X			X	X	Ethnic Concerns in Nursing	X	X			
	Normal Newborn		X			X	Bioethics	X	X			
	High Risk Newborn		X	X		X	Legal Aspects	X	X			
	Emergency and Disasters Conditions	X	X	X	X	X	Values Clarification-Today's Youth	X	X		NA	NA
	Pediatrics-Medical and Surgical		X			X	Principles of Adult Education	X	X		NA	NA
	Geriatrics	X		X	X		Evaluation of Nursing Outcomes	X	X		NA	NA
	Psych/Mental Health	X	X		X	X	Business Administration	X	X		NA	NA
	Critical Care Nursing	X	X		X	X	Innovations in Nursing Administration	X	X		NA	NA
	Stress/Coping	X	X				Legislation	X	X		NA	NA
	Fear and Anxiety	X	X				Administrative Theory	X	X		NA	NA
	Depression	X	X				Evaluation-Nursing Education	X	X		NA	NA
	Death and Dying	X	X				Curriculum Development	X	X		NA	NA
	Sensory Deprivation	X	X				Change Theories	X	X		NA	NA
	Counselling Techniques	X	X				Political Power	X	X		NA	NA
	Observation & Communication Skills	X	X									
	Interpersonal Relations	X	X									
	Rehabilitation	X	X		X	X						
	Nursing Process	X	X									
	Pharmacology	X	X									
	Growth & Develop. through Life Span	X	X									
	Fluid Balance	X	X									
	Substance Abuse	X	X	X	X	X						
	Suicide	X	X									
	Venereal Diseases	X	X		X							
	Abortion	X	X									
	Battered Child Syndrome	X	X	X								
	Values Clarification-Substance Abuse	X	X		NA	NA						
	Values Clarification-Suicide	X	X		NA	NA						
	Values Clarification-Death	X	X		NA	NA						
	Values Clarification-Sexuality	X	X		NA	NA						
	Teaching/Learning Strategies	X	X		NA	NA						
	Human Relations	X	X		NA	NA						

JES:tag
9/78

APPENDIX I

REPORT OF THE SUB-COMMITTEE ON VARIABLES RELATING TO
ANTICIPATORY CURRICULUM PLANNING FOR CONTINUING EDUCATION IN NURSING

TASK FORCE FOR THE DEVELOPMENT OF A GENERALIZED
CONTINUING NURSING EDUCATION CURRICULUM MODEL

Sub-Committee on Variables Relating to Anticipatory Curriculum Planning for Continuing Education in Nursing.

Trend Projections to 1990 are listed; the Potential Impact is established; and Suggested Educational Offerings that are needed because of the trend and impact.

I. Population 1990

A. Trend Projections

1. The population continues to increase but at a decreasing rate.
2. There has been a shift in the age group makeup of the population with the number of individuals in the 20-40 age group and the 60+ age group increasing.
3. There has been a shift in the ethnic and racial composition of the population.

B. Potential Impact

1. Continued emphasis on geriatrics
2. Increased emphasis on health teaching and preventive health care for all ages and both sexes.
3. Need to improve health care delivery for young adults and those of the middle years.
4. Assistance with changing job opportunities will be necessary.
5. Society must deal with impact of chronic disease.
6. Emphasis needed on safety: accident and disability prevention.

C. Educational Offerings Needed

1. The teaching role
   a. Patient/clients, families, all ages, races, cultural and ethnic groups (large and small)
   b. Wellness-illness variables
   c. Teaching/learning process (variety of settings)
   d. Learning theories (including cognitive styles)
   e. Teaching methods/approaches
   f. Learning needs assessment
   g. Planning, implementing, evaluating a teaching/learning process
   h. Resource materials
   i. Communication theories
   j. Motivational techniques
   k. Effecting behavioral changes
   l. Contract learning
   m. Independent learning
   n. Preventive health education
   o. Therapeutic health education

2. Growth and development through the life cycle
   a. Theories of growth and development
   b. Physical and psychosocial aspects for all of the following prenatal period

      Infant
      Early pre-schooler (toddler)
      Pre-schooler
      School child
      Adolescent
      Young adult
      Middle-aged person
      Later maturity (aged-elderly)
      Death, last stage of development

3. The aged population
   a. Social psychology of aging
   b. Physiological changes - implications for nursing
   c. Cultural attitudes - changing established social/cultural patterns
   d. Economic issue
   e. Community resources
   f. Pharmacodynamics and the aged
   g. Nutritional needs
   h. Nursing intervention/therapeutic strategies
   *i. Specific techniques geared to improve cognitive and social levels of functions:

      Sensory enrichment and training
      Reality orientation
      Re-socialization
      Re-motivation
      Behavior modification
      Attitude theory

   *j. Communicating with sensory deprived persons
   k. The family constellation--middle aged persons and their parents
   l. Death and dying
   m. Continuity of care - discharge planning
   n. Home health care
4. Preventive teaching through the life cycle
5. Safety factors throughout the life cycle
   a. Accident prevention
   b. Safety in health care delivery system
   c. Safety in the community
   d. Personal safety
   e. Teaching concepts/techniques for safety
6. Chronic diseases throughout the life cycle
   a. Prevention and care
   b. Health assessment of the disabled
   c. Teaching preventive, maintenance, and restorative care for client and family in acute care settings, ambulatory care settings and home health care.
   d. Impact of chronic disease on society
   e. Referral mechanism

*Techniques may be applicable to other nursing situations: long-term care, retarded, emotionally disturbed.

7. Trauma care throughout the life cycle
   a. Specific types
   b. Emergency care
   c. Triage, intake assessment and appropriate interventions
   d. Long-term management
8. Access to the health care delivery system throughout the life cycle
   a. The patient advocacy role

II. Effects of Governmental Control and Human Settlement (population distribution) of Health Care Delivery System

A. Government 1990

1. Trend Projections
   a. Government is becoming more involved in health care, education and welfare
   b. Demand for accountability by government agencies has increased and will continue to do so.
2. Potential Impact
   a. Activities concerned with the whole area of accountability will assume greater importance:
      (1) Financial management
      (2) Evaluation
      (3) Documentation for accountability
   b. The Health Services Area (HSA) Systems will have impact upon health care and its delivery.
   c. Changes in value system of nurses and client/patients.

B. Human Settlements 1990

1. Trend Projections
   a. The human settlement system is expanding and leveling off and reorganizing regionally around nodes of specialization.
   b. Differences among city, suburb, and countryside are disappearing.
   c. The new configuration of settlements will generate new problems, calling for new systems of solutions.
   d. Natural resource limits will redirect the current trends in settlements and population centers.
2. Potential Impact
   a. There is a counter trend to the movement from central city to smaller cities and towns and countrysides and there is a return to the central city with effort to revitalize the central city--many health care delivery system implications--health care centers; regionalization; ambulatory care increases; emergency centers.
   b. Increased need for health maintenance (to reduce hospitalization) and health education (prevention).

C. Education offerings needed

1. National health policy and the concomitant legislation

2. Quality control system (methodology and tools)
   a. Professional accountability for practice
   b. Standards of nursing practice
   c. Evaluations of patient outcomes
   d. Peer review
   e. Quality assessment
   f. Quality assurance
   g. Financial management (including budgetary planning and control)
   h. Documentation
   i. Audit
3. Health care planning; (purpose, how to design, long-range planning)
4. Health care economics
   Cost containment: Effect of health care delivery systems and implications for nursing
5. H.S.A.'s and their impact
6. H.M.O.'s and their impact
7. Legislative strategies
8. Nurses and decision making in the health care system
9. Nursing's responsibility for health maintenance and health education
   a. Prevention
   b. Reduced hospitilization
10. Clarification of value systems
11. Impact of cultural and ethnic groups on nursing services
12. Nursing's role in H.M.O.
    a. Team building - maintenance and effectiveness
    b. Interprofessional collaboration
13. Home health care
14. Ambulatory care
15. Primary care nursing
    a. Role
    b. Concepts
    c. Skills and techniques
    d. Relationship to other health care systems
    e. Influence on the nursing process, patient care and staffing
16. Needs of R.N.'s functioning as a primary health care provider without benefit of a formal program.
    a. Psychosocial skills (counselling, interviewing, communications)
    b. Health assessment based on nursing process
    c. Health teaching (preventive, maintenance or restorative)
    d. Accountability
17. Needs of R.N.'s who have completed a formal Nurse Practitioner Program
    a. Critical or crisis problems of various age groups
    b. Advanced counselling techniques involving client/patient and family
    c. Development of protocols
18. Independent nurse practice

III. Participation 1990

A. Trend Projections

1. In reaction against impersonal bureaucracy and power, there will be a rising demand for increases self-management and direct participation in all aspects of society. The impact of this trend will depend, in part, upon the willingness of citizens to accept this responsibility and accountability.

B. Potential Impact

1. Nurses will need opportunities to experience participatory democracy.
2. Society will demand that the concepts and principles of participatory democracy permeate the health care delivery system.
3. Patients and clients will demand increasing involvement in their health care and in the decisions that will affect them.

C. Educational offerings needed

1. Consumerism
2. Group dynamics in management of health care systems
   a. Group theories and process
   b. Effective group participation
   c. Group problem solving
3. Governance
   a. In terms of health care services
   b. In terms of nurse's work situation
4. Values clarification
   a. Philosophy, theory, process
5. Scope of nursing practice
6. Interprofessional collaboration
7. Shared power/shared responsibility

IV. Economy 1990

A. Trend Projections

1. The economy will continue to be a capital and technological intensive type.
2. The tendency toward state capitalism will continue as shortage and high costs of energy and capital converge to inhibit the private economy.
3. A growth oriented economy involving increases in GNP, employment and per-capita income, will continue.
4. The problems of unemployment and inflation will persist.
5. The federal budget will not be balanced.

B. Potential Impact

1. The tight dollar situation will mean less for health care--fewer $'s to purchase service - less personnel.
2. Emphasis may have to placed on health care management and conservation.
3. There will need to be emphasis on cost containment and effectiveness, cost accounting and budgeting.
4. Preventive health care will become more expedient-cost wise.

C. Educational offerings needed

1. Human Effectiveness
   a. Further development of skills required to build and maintain effective communications designed to accomplish the desired tasks/work load.

2. Management (whole gamut)
   a. Role
   b. Theory
   c. Problem solving
   d. Decision making
   e. Budgeting
   f. Staffing
   g. Modalities of care
   h. Implementing the concepts of dependent/interdependent/independent functions of nurses
3. Strategies of institutional analysis and community assessment
4. Knowledge about current policies and regulations of federal, state, local and private agencies or groups (medicare, medicaid, blue cross, etc.)
5. Assisting client/patient to secure access to appropriate health care delivery system
6. Strategies for assisting client/patient with chronic diseases in maintaining treatment regime.
7. Nursing management of poverty related illness/diseases (malnutrition communicable/infectous diseases, emotional problems).

V. Environment and Energy 1990

A. Environment 1990

1. Trend Projections
   a. There will be real or imagined environmental crises.
   b. The quality of the environment will generally trend downward.
   c. Litigation and legislation on environmental matters will increase.
   d. Technological advances will reduce some environmental problems while increasing others.
2. Potential Impact
   a. We will have more technical knowledge related to the development and use of more sophisticated instrumentation.
   b. Nurses will need to serve as "patient rights advocates" regarding termination of life support systems.
   c. Nursing must assume greater responsibility for teaching patients/clients in the areas of family planning, energy conservation, etc.
   d. There will be a need to emphasize preventive health care aspects, particularly those related to environmentally induced diseases.
   e. Health care workers must serve as role models in the reduction of resource consumption.
   f. Each person needs to adopt a position on such issues as euthanasia and eugenics based on increased scarcity of resources not offset by technological advances.
   g. Nursing must become involved in the legislative arena relative to health care issues predicated on environmental problems.
   h. Nursing must become involved in research related to the environment's impact on health care in order to effect health care practices.
   i. There will be health problems related to weather changes, disasters, and the potential for disaster-will require special planning and preparation and special skill in caring for victims of actual disasters.

B. Energy 1990

1. Trend Projections
   a. Energy problems will become more serious.
   b. As a result, there will be an increase in restrictions on human activities, and in the need for conservation habits.
   c. Alternatives to oil such as coal will be developed.
2. Potential Impact
   a. Health related problems of solar and nuclear energy.
   b. Energy conservation measures in health care delivery will be necessary.
   c. Increased coal usage will bring an increased need for preventive care for both providers and consumers.
   d. There may be increased emotional problems related to energy conservation.

C. Educational offerings needed
1. Providing health services in disasters
   a. Psychological adaptation
   b. Emotional first aid (prevention)
   c. Focus on coping skills
   d. Criteria for healthful environments
2. Safety as it relates to solar and/or nuclear energy
3. Ethical dilemmas and ethical/moral decisions
4. Specific diseases and conditions relates to coal usage; (health teaching, prevention, services to victims and families).
5. Assessment of patients with respiratory disease
   a. Nursing intervention and family support systems.
6. Nursing intervention and management of allergic patients in ambulatory and acute care settings.
7. Update of legislation regarding environmental protection and safety.
8. Family planning
9. The patient advocacy role
10. Conspicious consumption is resource conservation
11. Coping with disasters related to handling and transporting energy materials or sources.
12. Catastrophic illness with environmental etiology.

VI. Science and Technology 1990

A. Trend Projections

1. Both knowledge and its use will greatly increase.
2. Developments will occur in materials science leading to new technologies replacing fuels, fertilizer dependencies, etc.
3. There will be greater emphasis on molecular biology and on space and ocean technologies.
4. The consequences of science and technology and their assessment will continue to grow in importance.

B. Potential Impact

1. All health care personnel will need to have computer know-how. This will be legitimate and acceptable.
2. Nurse Educators must be knowledgeable of and participate in the generation, storage, processing and retrieval of knowledge and assist in its application.
3. Advances in technology will require continuous updating of knowledge and skill.
4. Molecular biology may increase life span, improve human physical and mental capacity, etc.
5. Such advances will create specialty areas and sub-specialty areas with relationships implied. (Example Genetics)
6. Research in the consequences of technology becomes more important. (Example-Cancer therapies)
7. Technological advances will not replace interpersonal relationship needs but will increase them.

C. Educational offerings needed

1. Bio-medical-legal ethics
2. Health care delivery implications of such issues as: uniform anatomical gift acts, determination of death, custody of dead body.
3. Knowledge and skill development in relation to complex equipment such as monitoring and maintenance machines (will be used in acute care and ambulatory care and home care settings).
4. Knowledge of: bioengineering, biophysics, physics, nuclear and electrical engineering principles.
5. Computer technology
6. Knowledge and skill development in relation to complex educational equipment used for health teaching.
7. Data retrieval systems and their implications for health care.
8. Technological nursing care: methods of combining technology with humanized care.
9. Transplant technology: nurses role will be health teaching role and a collaborative role with physician organ specialists and technicians.
10. The nurse's role in rehumanization of health services.
11. Specific nursing interventions, including patient teaching, related to specific technological advances in the treatment regimes of specific diseases or conditions. (This will assist nurses keep current as new technology and treatment regimes are developed.)
12. Etiology and treatment of various types of malignancies with emphasis on specific nursing interventions associated with the treatment regimes and complications resulting from those regimes.
13. The nurse's role in counseling clients/patients relative to technological advances such as genetics, longevity, mental acuity, etc.

VII. Life-Styles 1990

A. Trend Projections

1. There will be a greater variety of life-styles and greater personal freedom in one's selection of life-style.

2. A sense of crisis, resulting from environmental and other factors, will produce a change in materially oriented values.
3. The nuclear family will maintain its prominent role in society, although the limited interaction with extended family members, will contribute to social and emotional voids.
4. Social relationships outside the home and work will assume greater importance.
5. Migration will continue as individuals and families pursue better jobs and improved living conditions.
6. There will be less compartmentalization of sex roles.

B. Potential Impact

1. Examine our "disposable" society and implication in health care delivery system.
2. Increased interest in heritage and customs--any implications for nursing?
3. Re-tooling frequently needed? Update or preparation for new role or re-entry.
4. Senior citizens power--is there potential for a backlash in this area?
5. Emotional and social needs of all are important.
6. Attention must be given to early adulthood period and the mid-years.
7. The role of parenting needs exploring; (single parenting, unwed parenting by choice, etc.).
8. Need to be accepting of the alternative (varying) life styles.

C. Educational offerings needed

1. Examine our nursing heritage
2. Alternative life styles
3. Rediscovering our world
4. Authenticity in relationships
5. The family
   a. Family dynamics
   b. Family counseling
   c. Family systems interventions
   d. Components of family assessment
   e. Positive parenting
   f. Parenting/the family situation
   g. Divorce/single parenting
6. Support systems for parents/families
7. Inter-generation projects: implications for health care delivery system
8. Salubrious use of leisure time: emphasis on health education

VIII. Women 1990

A. Trend Projections

1. The feminist movement will continue to expand and to extend into all aspects of American society, although possibly at a lower pace.
2. The proportion of women preparing for employment; and the number of years of employment will continue to rise.
3. The number of national role models will increase.
4. More women will choose either programs to prepare themselves for management, professions and politics.

B. Potential Impact

1. Nurses must increase their political know-how.
2. Attention must be given to increasing knowledge and skills of those nurses in top-level positions both in Educational Institutions and in the Health Care Delivery agencies.
3. There will be fewer women choosing nursing; of these in nursing, there will be a greater per cent of feminist nurses who will place less emphasis upon dependent functions and more emphasis on interdependent/independent functions.
4. Those persons desiring nursing may be less qualified.
5. It will become increasingly important for nurses to be knowledgeable about and skillful in using change theory.

C. Educational offerings needed

1. Political involvement in governmental affairs, political issues, and power/pressure groups.
2. Decision making/process of making choices
3. Professional socialization: process of professionalization
4. Creativity: interpersonal competence
5. Responsible assertiveness
6. Confrontation skills
7. Risk taking
8. Power relationships
9. Conflict resolution
10. Human relations skills
11. Effective team membership
12. Effective participation
13. Change theory and application to the practice of nursing
14. Impact of ERA
15. Consciousness raising as a nurse and as a woman
16. Dependent/interdependent/independent functions of nurses

IX. Work 1990

A. Trend Projections

1. The level of educational achievement will increase under the demand of high technology as will the interest in lifetime combinations of work and learning.
2. Work patterns will be coordinated with the increasing variability of life-styles.
3. Individuals will have increasing expectations for satisfaction from work.

B. Potential Impact

1. Many organizational changes will occur.
2. Increased flexibility in work patterns will need attention (management, leadership, implications)
3. Multi-national institutions with worldwide power and social responsibility--power of large institutions will attempt to protect present investments.

4. Increased demand for knowledge and service will spawn many commercial firms dealing in these areas.
5. More self-directed learning necessitated by pressures of high-technology and oil depletion. Communications will substitute more and more for transportation to places of learning.
6. Continued pressure for preparation for employment.
7. There will be more employment opportunities outside organized and recognized health care agencies.
8. Leisure time rise will become more important for all.

C. Educational offerings needed

1. Scope of nursing practice
2. Strategies fo coping that will assist individuals in accepting change as a growth producing experience.
3. Techniques of effecting change and managing conflicts related to the work situation.
4. Contemporary teaching-learning concepts (cognitive mapping).
5. Adult education principles
6. Competency based learning
7. Developing self-directed learners
8. Self-directed learners' use of materials/resources developed by others.
9. The use of counseling in assisting clients in planning and establishing priorities in regard to educational/vocational decisions.
10. Flexible work patterns in the health care delivery system.
11. Nursing theory development/nursing practice theory.

X. Global Affairs 1990

A. Trend Projections

1. Political, economic, and cultural interdependence is inescapable.
2. Influence has shifted from the Atlantic rim to the Pacific rim, Africa, and the Arab World.
3. Underdeveloped nations are continuing to make a claim on global resources as the dichotomy between "have and have nots" continues.

B. Potential Impact

1. Need more "world view" activities (offerings - tours).
2. Importance of knowing health care status of other countries.
3. Are there health care (nursing) implications in the inter-nationalization of Industry?
4. Underdeveloped nations will place claims in regard to nutrition needs and preventive care.
5. Underdeveloped nations will recognize increasing need for health care of acute conditions.

C. Educational offerings needed

1. World-wide (international) health care perspectives.
2. Travel-study beyond the United States to investigate and evaluate nursing and health care delivery systems. (informal comparative research)

3. The influence of culture, religion, folk medicine and quackery on health/illness care.
4. Nursing of ethnic groups.
5. Consciousness raising in regard to acceptance of citizens of underdeveloped nations as persons with worth, dignity and rights.
6. Development of strategies for introducing and adapting existing and proven health care procedures/techniques for underdeveloped areas of the United States or for underdeveloped nations.

Offerings are needed in the following large categories relative to most of the preceding trends. However, most of these topics have been identified under one or more of the categorized trends.

1. Nursing ecology
   a. Thrust for professional role identification
   b. [illegible]ializing
2. Teaching
3. Nursing process
4. Leadership concepts
5. Ethical/moral decision making and ethical dilemmas
6. Update: interpretation of current legislation affecting nursing and health care delivery
7. Primary care nursing
   a. Role
   b. Concepts
   c. Skills and techniques
   d. Primary care system and its relationship to other health care systems
   e. Influence of primary care on the nursing process, patient care and staffing
8. Stress
   a. Early warning signs of stress in various age groups
   b. Therapies used in relieving psychomotor symptoms
   c. Stress counseling including coping mechanisms.
   d. Application of mental health principles
9. Crisis intervention
   a. Dynamics
   b. Therapeutic approaches for resolution
   c. Cultural variables
   d. Support systems
   e. Program responsiveness
10. Patient advocacy role
11. Problems of the handicapped
12. Rehabilitation concepts
13. Infectious disease control
   a. Surveillance and control
   b. Basic immune response therapy
   c. Update on all aspects
   d. Preventive health practices
14. Research - basic design
   a. Methods
   b. Design
   c. Process
   d. Language
   e. Evaluation methodology
   f. Application of research findings
   g. Proposal writing
   h. Professional writing

15. Research applied to nursing practice and education
    a. Relevant to nursing specialties
    b. Relevant to nursing or educational procedures/techniques
    c. Relevant to specific aspects of nursing care
    d. Relevant to conditions of learners or client/patients

APPENDIX J

CHECKLIST ON ANTICIPATORY CURRICULUM
PLANNING FOR CONTINUING EDUCATION IN NURSING

DIRECTIONS FOR COMPLETION OF CHECK LIST

This Check List is designed to determine your current, and especially your future capabilities in providing continuing education offerings in nursing using an anticipatory approach to program planning on a sequential basis.

We need to look at the social, political environmental, and technological factors that will affect the nursing practice of nurses during a substantial period of their working lives. We are using 8-12 years as a realistic mean projected time span. Longer would get us into a time span that is difficult to predict; a shorter time span would be relatively useless. Our overall purpose is to try to anticipate (or fantasize) what conditions will be like in this time span, what the implications are for continuing education in nursing in Indiana, what behaviors our participants will need to cope with in this predicted world, and what content will best foster those behaviors. Your input regarding your University-based Regional Center will help us develop a comprehensive, workable document.

DIRECTIONS:

1. Refer to the Sub-committee Report for detailed descriptions as you proceed through the check-list.

2. Bear in mind that neither the Report or the Check-list are all-inclusive. Use the information to stimulate your creativity and imagination.

3. Make additions in the blanks provided, or add other parts as you desire.

4. It is not necessary to repeat the clinical subject matter areas on this check-list, since you already have supplied this information. However, if there is a particular point of emphasis you wish to make or a new approach to these subjects, feel free to add them. (You will note diseases, or maternal child health, etc. are not repeated on this list except in some variations).

5. For each listed content area please submit the following:

   Column I: COULD YOU OFFER COURSES IN THIS FIELD?
   Write in YES or NO. (But remember to look ahead in time-span).

   Column II: LEVEL OR LEVELS APPROPRIATE FOR SUBJECTS LISTED.
   Indicate Level I, II, III or IV, or, indicate a series of levels appropriate to the kind of sequencing you could plan.

   Column III: PROJECT WHEN YOU PLAN TO OFFER ACCORDING TO YEARS LISTED.
   Place an (X) in each of the appropriate time spans listed--Current, 1980, 1985, 1990. If more than one date is a possibility, check as many as apply.

6. You may wish to keep one copy of this Check List for yourself. SUBMIT ONE COPY TO ME NO LATER THAN AUGUST 28, 1978.

7. If you have further questions please contact me.

Jean E. Schweer, Director
Continuing Education Program
I.U. School of Nursing
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JES:sw

Region_____ (Please indicate) Broad Areas & Sub Categories for Suggested Offerings	Could you offer courses in this field? Please indicate yes or no.	Indicate level or levels appropriate for subjects listed.	Project when you plan to offer according to years listed below.			
			Current	1980	1985	1990
1. THE TEACHING ROLE						
a) Preventive health education						
b) Therapeutic health education						
c) Adult education principles/techniques						
d) Competency-based learning						
e) Contemporary teaching/learning concepts and processes						
f) Self-directed learning						
g) Patient/clients, families, all ages, races, cultural & ethnic group, large and small						
h) Wellness/illness variables						
i) Learning theories (including cognitive styles)						
j) Teaching methods/approaches						
k) Learning needs assessments						
l) Planning, implementing, evaluating a teaching/learning plan						
m) Resource materials						
n) Communication theories						
o) Motivational techniques						
p) Effecting behavioral change						
q) Contract learning						
r) Other						
2. GROWTH AND DEVELOPMENT THROUGH THE LIFE CYCLE						
3. THE AGED POPULATION						

Broad Areas & Sub Categories for Suggested Offerings	Could you offer courses in this field? Please indicate yes or no.	Indicate level or levels appropriate for subjects listed.	Project when you plan to offer according to years listed below.			
			Current	1980	1985	1990
4. THE YOUNG/MIDDLE-AGED ADULT						
a) Catastrophic illness with environmental etiology						
b) Other						
5. SAFETY FACTORS THROUGHOUT THE LIFE CYCLE						
a) Safety related to solar and nuclear energy						
b) Update of legislation re environmental protection & safety						
c) Other						
6. CHRONIC DISEASE THROUGH THE LIFE CYCLE						
a) Strategies for assisting client/patient in maintaining treatment regime						
b) Specific diseases and conditions related to coas usage and appropriate nursing intervention						
c) Other						
7. TRAUMA CARE THROUGH THE LIFE CYCLE						

Broad Areas & Sub Categories for Suggested Offerings	Could you offer courses in this field? Please indicate yes or no.	Indicate level or levels appropriate for subjects listed.	Project when you plan to offer according to years listed below.			
			Current	1980	1985	1990
8. ACCESS TO HEALTH CARE DELIVERY SYSTEMS THROUGH THE LIFE CYCLE						
a) The patient advocacy role						
b) Knowledge re: current policies & regulations of Federal, State, Local and private agencies or groups						
c) Nursing management of poverty related illness/disease						
d) Other						
9. PROVISION OF HEALTH SERVICES IN DISASTERS						
a) Psychological adaptation						
b) Emotional first aid						
c) Focus on coping skills						
d) Criteria for healthful environment						
e) Coping with disasters related to transporting and/or handling dangerous energy materials or sources						
f) Other						
10. NATIONAL HEALTH POLICY/LEGISLATION (CURRENT)						
a) HMO						
b) Other						
11. QUALITY CONTROL SYSTEMS (METHODOLOGY AND TOOLS)						

Broad Areas & Sub Categories for Suggested Offerings	Could you offer courses in this field? Please indicate yes or no.	Indicate level or levels appropriate for subjects listed.	Project when you plan to offer according to years listed below.			
			Current	1980	1985	1990
12. HEALTH CARE PLANNING						
a) HSA						
b) Other						
13. HEALTH CARE ECONOMICS						
14. LEGISLATIVE STRATEGIES						
a) Political power/involvement						
b) Other						
15. UPDATE: INTERPRETATION OF CURRENT LEGISLATION AFFECTING NURSING AND HEALTH CARE DELIVERY						
16. VALUES CLARIFICATION						
a) Philosophy, theory, process						
b) Specific issues						
c) Other						
17. IMPACT OF CULTURAL AND ETHNIC GROUPS ON NURSING SERVICES						

Broad Areas & Sub Categories for Suggested Offerings	Could you offer courses in this field? Please indicate yes or no.	Indicate level or levels appropriate for subjects listed.	Project when you plan to offer according to years listed below.			
			Current	1980	1985	1990
18. NURSING'S ROLE IN HMO						
a) Team building						
b) Interprofessional collaboration						
c) Other						
19. NURSING MODALITIES USED IN HEALTH CARE DELIVERY SYSTEMS						
a) Home health care						
b) Ambulatory care						
c) Primary care (Hospital-based)						
d) Independent nurse practice						
e) Refer to pg. 4 items #16, 17 of narrative for additional items						
f) Other						
20. CONSUMERISM						
21. GROUP DYNAMICS IN THE MANAGEMENT OF HEALTH CARE SYSTEMS						
a) Group theories and process						
b) Effective group participation						
c) Group problem solving						
d) Other						

Broad Areas & Sub Categories for Suggested Offerings	Could you offer courses in this field? Please indicate yes or no.	Indicate level or levels appropriate for subjects listed.	Project when you plan to offer according to years listed below.			
			Current	1980	1985	1990
22. GOVERNANCE						
a) Relative to health care services						
b) Relative to the nurse's work situation						
c) Other						
23. SHARED POWER/RESPONSIBILITY						
24. DECISION MAKING IN HEALTH CARE MANAGEMENT						
a) Role						
b) Theory						
c) Problem solving						
d) Decision making/making choices						
e) Budgeting						
f) Staffing						
g) Modalities of care						
h) Flexible work patterns						
i) Implementing concepts of dependent/interdependent; independent functions of nurses						
j) Strategies of institutional analysis & community assessment						
k) Other						
25. BIO-MEDICAL-LEGAL ETHICS						
a) Ethical/moral decision making						
b) Health care delivery implications for such issues as: Uniform Gift Act, Determination of Death; Custody of Dead Body						
c) Other						

Broad Areas & Sub Categories for Suggested Offerings	Could you offer courses in this field? Please indicate yes or no.	Indicate level or levels appropriate for subjects listed.	Project when you plan to offer according to years listed below. Current	1980	1985	1990
26. COMPUTER TECHNOLOGY						
27. DATA RETRIEVAL SYSTEMS & IMPLICATIONS FOR HEALTH CARE						
28. KNOWLEDGE & SKILL DEVELOPMENT RE: COMPLEX EQUIPMENT SUCH AS MONITORING MACHINES AND MAINTENANCE MACHINES						
a) In acute care settings						
b) In home care settings						
c) Other						
29. KNOWLEDGE & SKILL DEVELOPMENT RE USE OF COMPLEX EQUIPMENT USED FOR HEALTH TEACHING						
30. TRANSPLANT TECHNOLOGY						
a) Nurse's role re: health teaching & support system						
b) Nurse's role in collaboration with physician organ specialist & technician						
c) Other						
31. KNOWLEDGE OF: BIOENGINEERING, BIOPHYSICS, NUCLEAR AND ELECTRICAL ENGINEERING PRINCIPLES						

Broad Areas & Sub Categories for Suggested Offerings	Could you offer courses in this field? Please indicate yes or no.	Indicate level or levels appropriate for subjects listed.	Project when you plan to offer according to years listed below.			
			Current	1980	1985	1990
32. NURSE'S ROLE IN REHUMANIZATION OF HEALTH CARE						
33. TECHNOLOGICAL NURSING CARE: METHODS OF COMBINING TECHNOLOGY WITH HUMANIZED CARE						
34. NURSING ECOLOGY						
a) Examination of our nursing heritage						
b) Scope of nursing practice						
c) Thrust for professionalism & role identification						
d) Credentialing						
e) Other						
35. LIFE STYLES						
a) Authenticity in relationships						
b) Inter-generation projects						
c) Salubrious use of leisure time						
d) The family--Refer to narrative pg. 9						
e) Other						

Broad Areas & Sub Categories for Suggested Offerings	Could you offer courses in this field? Please indicate yes or no.	Indicate level or levels appropriate for subjects listed.	Project when you plan to offer according to years listed below.			
			Current	1980	1985	1990
36. WOMAN POWER & INFLUENCE						
a) Human relations skills						
b) Creativity: Interpersonal competence						
c) Responsible assertiveness						
d) Risk taking						
e) Confrontation skills						
f) Power relationships						
g) Effective participation/team membership						
h) Conflict resolution						
i) Change theory & application						
j) Consciousness raising						
k) Impact of ERA						
l) Other						
37. REHABILITATION CONCEPTS						
38. PROBLEMS OF THE HANDICAPPED						
39. GLOBAL AFFAIRS						
a) International health care perspectives						
b) Travel-study for informal comparative research						
c) Effects of culture, religion, folk medicine, quackery						
d) Nursing of ethnic groups						
e) Refer to report, pg. 12 items #5-6						
f) Other						

Broad Areas & Sub Categories for Suggested Offerings	Could you offer courses in this field? Please indicate yes or no.	Indicate level or levels appropriate for subjects listed.	Project when you plan to offer according to years listed below.			
			Current	1980	1985	1990
40. PRIMARY CARE NURSING						
a) Role						
b) Concepts						
c) Skills & Techniques						
d) Primary care system & its relationship to other health care systems						
e) Influence of primary care on the nursing process, patient care and staffing						
f) Other						
41. STRESS						
a) Early warning signs of stress in various age groups						
b) Therapies used in relieving psychomatic symptoms						
c) Stress counseling including coping mechanisms						
d) Application of mental health principles						
e) Others						
42. CRISIS INTERVENTION						
a) Dynamics						
b) Therapeutic approaches for resolution						
c) Cultural variables						
d) Support systems						
e) Program responsiveness						
f) Others						

Broad Areas & Sub Categories for Suggested Offerings	Could you offer courses in this field? Please indicate yes or no.	Indicate level or levels appropriate for subjects listed.	Project when you plan to offer according to years listed below.			
			Current	1980	1985	1990
43. INFECTIOUS DISEASE CONTROL						
a) Surveillance and control						
b) Basic immune response therapy						
c) Update on all aspects						
d) Preventive health practice						
e) Other						
44. RESEARCH						
a) Nursing theory development						
b) Nursing practice theory						
c) Basic Design--methods, process, language, etc.						
d) Evaluation methodology						
e) Application of research findings						
f) Proposal writing						
g) Professional writing						
h) Research relevant to nursing specialities						
i) Research relevant to nursing or educational procedures/techniques						
j) Research relevant to specific aspects of nursing care						
k) Research relevant to conditions of learners or client/patients						
l) Other						